DRMS ePermitting Change of Contact



General Information

Submittal D	ate
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0/0/2025

9/9/2025				
The ePermitting Coninformation.	ntact Change form is used to update the contact	nformation for the P	ermittee, Permitting and/or Inspection contact	
Administrator	Information			
Administrator Fi	rst Name	Administrator L	ast Name	
Byron		Rogers		
Administrator En	nail			
brogers@co.washin	gton.co.us			
Select a Permit N	lumber *			
M2000084				
Select Contact Ty	/pe *			
Select all that apply				
☐ Permittee Contact ☑ Permitting Contact ☐ Inspection Contact ☐ Additional Annual Fee Contact(s)				
Permitting Contact Information				
Permitting Company Name				
Washington County	Road & Bridge Dist. 2			
Salutation	First Name	Middle Initial	Last Name	

Mr Byron Rogers Address 2 Address 1

501 E. 4th Ave.

State City **Zip Code** Otis CO 80743

Telephone # Extension Fax #

9704660137 Digits only, no separators

Digits only, no separators

Email Address

brogers@co.washington.co.us

Confirmation

Have you reviewed all the information provided on this form? *

