



## PERMIT EXTENSION REQUEST

**Attention:**  
Town of Breckenridge  
Chief Building Official  
Eli Johnston

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Address of Project: \_\_\_\_\_

Requested Extension Period: \_\_\_\_\_ *(up to 6 months)*

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

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**\*Please email request to: [Elij@townofbreckenridge.com](mailto:Elij@townofbreckenridge.com)**

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