The Village of Biscayne Park
600 NE 114th St., Biscayne Park, FL 33161
Telephone: 305-899-8000 Facsimile: 305 891 7241

CHANGE OF ARCHITECT/ ENGINEER

GENERAL INFORMATION

- COMPLETELY FILL OUT THIS FORM, AND INLCUDE A NOTARIZED LETTER FROM THE OWNER STATING THE REASON FOR THE CHANGE.
- TO COMPLY WITH THE FLORIDA STATURES & F.A.C. 61G15-27 AND/ OR 61G1-18.002 (AUTHORIZING THE RE-USE OF PLANS FROM ONE PROFESSIONAL TO ANOTHER), REVISED PLANS (WITH A NEW TITLE BLOCK) AND A NEW APPLICATION FOR REVISION MUST BE SUBMITTED.
- ENGINEERS WHO ADOPT THE WORK OF ANOTHER ENGINEER MUST RECREATE THE WORK DONE TO PRODUCE THE ORIGINAL CALCULATIONS.

HOLD HARMLESS FORM:

OWNER'S INFORMATION: (Only the owner of record may submit and must sign this application.)

NAME: _____ MAILING ADDRESS: _____

PHONE #: _____ EMAIL: _____

CURRENT ARCHITECT of RECORD □ or ENGINEER OF RECORD □ (Check One):

Name: _____ License no. _____ Expires: _____
Firm:_____ Address: _____
Email: _____ Phone No: _____

Plan disciplines covered (Check all that apply):
□ Arch □ Civil □ Struct □ Elect □ Mech □ Plumb

NEW ARCHITECT of RECORD □ or ENGINEER OF RECORD □ (Check One):

Name: _____ License no. _____ Expires: _____
Firm: _____ Address: _____
Email: _____ Phone No: _____

Plan disciplines covered (Check all that apply):
□ Arch □ Civil □ Struct □ Elect □ Mech □ Plumb

- Partial inspections performed by AOR/EOR ? ( ) Yes, Date(s)____ ( ) No

I agree to hold the City of Miami, its agents, and authorized personnel, harmless and relieve them from any responsibility or liability for any legal action or damage, cost, or expense, including but not limited to attorney's fees resulting from substituting the design professional. I furthermore assume responsibility for corrections, if required, of work performed under the permit for which I am requesting substitution of the design professional. In the event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his and/or her intent to substitute the design professional. I am also certifying that I understand and fully comply with the requirements of Chapter 61G1-18 (Architects) and/or 61G15-27 (Engineers)

_____ _____
NEW ARCHITECT. ENGINEER OF RECORD SIGNATURE (DATE) OWNER'S SIGNATURE (DATE)

(NOTARY SEAL) (NOTARY SEAL)

Sworn to (or affirmed) and subscribed before me
this ___ day of _____, 20___ by

_____
(Type / Print Qualifier's Name)

_____
NOTARY'S SIGNATURE as to Qualifier's Signature

_____
(Print, Type or Stamp Notary's Name)
Personally Known _____ or I.D. _____
Type of Identification Produced

_____

Sworn to (or affirmed) and subscribed before me
this ___ day of _____, 20___ by

_____
(Type / Print Qualifier's Name)

_____
NOTARY'S SIGNATURE as to Qualifier's Signature

_____
(Print, Type or Stamp Notary's Name)
Personally Known _____ or I.D. _____
Type of Identification Produced

_____