



TOWN OF BAY HARBOR ISLANDS  
 BUILDING DEPARTMENT  
 9665 BAY HARBOR TERRACE  
 BAY HARBOR ISLANDS FL 33154  
 PH305-993-1786 FAX 305-866-4863

## Change of Architect / Engineer - Hold Harmless

PERMIT No: \_\_\_\_\_ Job Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Address: \_\_\_\_\_

Owner's Phone No: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Owner's E-mail: \_\_\_\_\_

### CURRENT ARCHITECT/ENGINEER OF RECORD INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

License No. \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

### NEW ARCHITECT/ENGINEER OF RECORD INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

License No. \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Partial inspections performed by Architect/Engineer of record ( ) YES, Date: \_\_\_\_\_ ( ) NO

I agree to hold the Town of Bay Harbor Islands, 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 [Engineers Chapter 61G15-27.001](#) and/or [Architects Chapter 61G1-18.002](#).

\_\_\_\_\_  
 New Architect/Engineer of Record's Signature

Date

STATE OF FLORIDA)  
 COUNTY OF MIAMI-DADE) SS:

The person whose signature appears above, deposes that he/she is the legal owner of the above property.

SWORN TO AND SUBSCRIBED

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_

SEAL \_\_\_\_\_

PRINT, TYPE OR STAMP NAME OF NOTARY

Personally know \_\_\_\_\_  
 Or Produced Identification \_\_\_\_\_  
 Type of Identification produced \_\_\_\_\_

\_\_\_\_\_  
 Owner's Signature

Date

STATE OF FLORIDA)  
 COUNTY OF MIAMI-DADE) SS:

The person whose signature appears above, deposes that he/she is the legal owner of the above property.

SWORN TO AND SUBSCRIBED

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_

SEAL \_\_\_\_\_

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