



City of North Miami Beach, Florida

BUILDING DEPARTMENT

CHANGE OF PROFESSIONAL REQUEST

Clerk: _____

Process #: _____

Instructions:

1. Complete this Change of Professional Request form which must be signed by the permit applicant and the existing professional. The signatures must be notarized. Please print clearly or type the information.
2. Submit this completed form and a letter from the new architect accepting the commitment over the plans and project.

Date _____ Folio No. _____ Permit No. _____

Job Address: _____ Unit No. _____

Owner/Tenant Information

Name: _____
 Mailing Address: _____

 City: _____
 State: _____ Zip: _____
 Phone No.: _____
 Email: _____

Existing Professional Information

Company Name: _____
 Address: _____

 City: _____
 State: _____ Zip: _____
 Individual Name: _____
 License No.: _____ Phone No.: _____

Reason for Change of Professional:

New Professional Information

Company Name: _____
 Address: _____

 City: _____
 State: _____ Zip: _____
 Individual Name: _____
 License No.: _____ Phone No.: _____

Hold Harmless: I (We) agree to hold The City of North Miami Beach, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from the cancellation of the existing permit or the issuance of a new permit. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting cancellation. In the event there has been a change of ownership of the property, the new owner assumes the responsibility of notifying the previous owner of his or her intent to transfer the permit.

The undersigned, being first duly sworn, deposes and says that he/she is the legal owner of the above property.

Approved for Change of Professional:

Building Official Date

X

 Signature of Owner/Tenant
 by (Print Name): _____
 STATE OR FLORIDA, COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this _____ day of _____ 20____,
 Notary Name _____

Personally known or I.D. _____

X

 Signature of Existing Professional
 by (Print Name): _____
 STATE OR FLORIDA, COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this _____ day of _____ 20____,
 Notary Name _____

Personally known or I.D. _____