



Clerk: \_\_\_\_\_

Permit #: 20 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**BUILDING DEPARTMENT**

**CHANGE OF PROFESSIONAL REQUEST**

**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: \_\_\_\_\_  
 Email of Existing Professional: \_\_\_\_\_

**Existing Professional Information**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Individual Name: \_\_\_\_\_  
 License No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Email of New Professional: \_\_\_\_\_

**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 Doral, 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.

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

Notary Name \_\_\_\_\_  
 Personally known  or I.D. \_\_\_\_\_

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

Notary Name \_\_\_\_\_  
 Personally known  or I.D. \_\_\_\_\_

Approved for Change of Professional:

\_\_\_\_\_  
Chief Building Official Date

BD\_Change\_of\_Professional\_FILLABLE\_07-2014

07/14