



Clerk: _____

Permit #: _____

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 with a REVISION application, a letter from the new architect accepting the commitment over the plans and project.**
3. **YOU MUST INCLUDE new sheets with revised title block (digital PDF files).**
4. **Apply via REVISION in CSS at www.cityofdoral.com/permitting.**

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.

Approved for Change of Professional:

Chief Building Official
2022 BD_Change_of_Professional

Date

X

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. _____

X

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. _____

10/22