

City of Hialeah Gardens

10001 NW 87th Ave.
Hialeah Gardens, FL, 33016
Office: 305.558.4114
Fax: 305.698.7236



CHANGE OF ARCHITECT / ENGINEER

HOLD HARMLESS LETTER

Note: Only the owner may submit and must sign this application
This process takes approximately 7 to 10 business days

As legal owner of the subject property, I request the replacement of the Architect/Engineer of record

Permit #: _____

Job Address: _____ Unit #: _____

OWNER INFORMATION

Name: _____

Address: _____

Phone: _____

- The form is to be submitted to the Building Department for the Building Official's approval.
- After approval, a letter will be sent to the owner and the two professionals (the previous and new architect/engineer).
- An administrative fee will be charged for the change of professional of record.

EXISTING ARCHITECT / ENGINEER NAME

Name: _____

Address: _____

License #: _____

Phone: _____

NEW ARCHITECT / ENGINEER NAME

Name: _____

Address: _____

License #: _____

Phone: _____

I agree to hold the City of Hialeah Gardens, 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 61G15-27 (Engineers) and/or 61G15-27 (Architects).

Property Owner Name

Existing Architect/Engineer Name

New Architect/Engineer Name

Owner Signature

Existing Architect/Engineer Signature

New Architect/Engineer Signature

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

Sworn to and subscribed before me
this ____ day of _____ 20__.

By _____

Personally Known or ID _____

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

Sworn to and subscribed before me
this ____ day of _____ 20__.

By _____

Personally Known or ID _____

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

Sworn to and subscribed before me
this ____ day of _____ 20__.

By _____

Personally Known or ID _____

FOR OFFICE USE ONLY

Building Director Approval: _____ Date: _____