



The City of Miami Gardens Building Department
18605 NW 27th AVE
Miami Gardens, FL 33056
305-622-8027/28 Fax 305-626-4220

**HOLD HARMLESS
CHANGE OF ARCHITECT/ENGINEER**

Re: Property located at (address and legal description) _____

Process/Permit No. _____

As legal owner of the subject property, I request the Statement of Inspections to be prepared by:

(Name of Substitute Architect or Engineer)

License Number _____

For the following reasons: _____

Partial inspection performed by Architect or Engineer of record. Yes () No ()

Date of Last inspection ____/____/____

I agree to hold City of Miami Gardens, its agents and authorize personnel harmless and relieve from any responsibility or liability for any legal actions or damage, cost or expenses (including attorney's fees) resulting from substitution of professional for the statement of inspection. I furthermore assume responsibility for correction, if work performed under the permit for which I am requesting substitution. In event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to substitute professional.

Very truly yours.

Owner Signature: _____

State of Florida

SS:

County of Dade

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

Sworn to and subscribed before me this _____ day of _____, _____

Personally know or ID # _____

Type

By _____

Notary Signature

Notary Seal