

BUILDING AND INSPECTION DIVISION



January 22, 2016

MEMORANDUM

Bulletin G-01-16

To: All Permit Applicants

From: Thomas H. Goldsbury, P.E., C.B.O.
Chief, Building Inspection Division

Re: **Form to Change Design Professional**

Effective immediately the attached form is to be completed and submitted to the Building Inspection Division when changing a design professional. Please make sure you follow all other rules of your respective professional board in this process.

BUILDING INSPECTION DIVISION



Change of Architect/Engineer

Permit No: _____ Job Address: _____

Owner's Name: _____ Owner's Address: _____

Owner's Phone No: _____ City & Zip Code: _____

CURRENT ARCHITECT/ENGINEER OF RECORD INFORMATION:

Name: _____ Address: _____

License No: _____ City & Zip Code: _____

Phone No: _____

NEW ARCHITECT/ENGINEER OF RECORD INFORMATION:

Name: _____ Address: _____

License No: _____ City & Zip Code: _____

Phone No: _____

Partial inspections performed by Architect/Engineer of record () Yes, Date _____ () No

I agree to hold the City of Jacksonville, 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 61G15-27.001 (Engineers) and 61G1-18.002 (Architects).

New Architect/Engineer of Record Signature
Date: _____

Owner's Signature
Date: _____

Before me this _____ day of _____
In the County of Duval, State of Florida has personally appeared
_____ herein by himself/herself and
Affirms all statements and declarations herein are true and accurate.

Before me this _____ day of _____
In the County of Duval, State of Florida has personally appeared
_____ herein by himself/herself and
Affirms all statements and declarations herein are true and accurate.

Notary Public at Large, State of _____, County of _____

Notary Public at Large, State of _____, County of _____

Personally Known or Produced Identification

Personally Known or Produced Identification

Type of identification produced _____

Type of identification produced _____

PLANNING AND DEVELOPMENT DEPARTMENT