



SEMINOLE TRIBE OF FLORIDA
TRIBAL INSPECTOR' DEPARTMENT
6363 TAFT ST. SUITE 308
HOLLYWOOD, FL. 33024
OFFICE: (954) 894-1080 FAX: (954) 989-1571
EMAIL: BUILDINGDEPT@SEMTRIBE.COM

**HOLD HARMLESS
CHANGE OF ARCHITECT/ENGINEER**

Property Located at: _____

Permit No. _____

As legal owner of the above subject property, I request that 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 Seminole Tribe of Florida, its agents and authorized 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 the professional.

Very Truly Yours,

Qualifier Name: _____

Qualifier Signature: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribe before me this _____ day of _____ 20 _____

[] Personally known to me [] or Produced Identification

Type of Identification & Number: _____

Signature of Notary Public Notary Seal;