



City of Dixon

600 East A Street, Dixon Ca 95620-3697
Phone: (707) 678-7000 Fax (707) 678-0960
Email: buildingdivision@cityofdixonca.gov

Change of Registered Design Professional

Existing Project:

Address: (Include Building or Suite No.) Permit No.:

Change of Licensed Design Professional: Must be completed by: (check one)

☐ Property Owner ☐ Authorized Agent of Property Owner ☐ Permit Holder

Effective Date: _____, ☐ the Licensed Design Professional shall

be the new licensed design professional

Name: _____ Signature: _____

(Owner/Authorized Agent/Permit Holder)

Licensed Design Professional: (check one)

☐ Architect ☐ Engineer License No : _____

Name: _____ Telephone: _____ Email: _____

Address: _____ City: _____

_____ State: _____ ZIP: _____

Declaration: I have obtained the consent of the previous architect or engineer for use of the plan/report documents they prepared for this project. I assume all of the responsibilities and obligations related to that portion of the documents the original architect or engineer of record prepared and will submit alternate plans/reports for any revisions to documents prepared by the previous architect or engineer of record subsequent to the date of hire.

Print Name: _____ Date: _____

Licensed Design Professional Signature: _____