

HOLD HARMLESS FOR PRE-APPROVED ACCESSORY DWELLING UNIT (ADU) PLAN DESIGN

(THIS FORM MUST BE SUBMITTED AS PART OF THE COOKIE CUTTER APPLICATION)

MODEL/DESIGN NAME: _____

I am the architect or design professional, and I am attesting to the following facts and accept and acknowledge the following terms, conditions, and obligations:

- ☐ I am submitting the above-referenced design to participate in Miami-Dade County's Accessory Dwelling Unit (ADU) Blueprint Program and requesting the County to review and pre-approve my ADU design as described in the County's Cookie Cutter procedure, a copy of which has been made available to me and which I have read and understood.
- ☐ I acknowledge that, to be pre-approved, my design must meet all County zoning, land use, building, and other applicable code requirements.
- ☐ I further acknowledge that approval of my design will only be valid under the current Florida Building Code and that once a new building code version is adopted and effective, this design approval will be deemed expired, and I will need to resubmit my design for approval under the new code.
- ☐ I understand that I and/or my firm will be responsible for paying all permit fees and costs required to obtain pre-approval of my design.
- ☐ I understand that pre-approved designs will be made available to the public in an online gallery on the County's website or in another manner of the County's choosing, with images of the approved design, a description of the design, and information about its designer made available to the public. I further understand that Miami-Dade County will not provide any endorsement or recommendation of any particular design, architect or other design professional, or firm. Rather, pre-approved designs are provided for informational purposes only, and members of the public will be able to browse the gallery and, if they wish, choose a design and connect with the designer to proceed with necessary further steps (e.g., site planning) for a complete permit application. If a member of the public instead chooses a design but wishes to use professionals other than the designer for the application work or to complete the work themselves, I understand that I can require such member of the public to sign a liability release to use my pre-approved plan. I further understand that members of the public may choose designs within their sole discretion.
- ☐ When a member of the public chooses my design, I understand that such person will be responsible for hiring me or my firm as the architect or design professional and that I and/or my firm will retain the copyright to, and liability for, the pre-approved plan, as well as the final site-specific plan. I understand that all applicable fees to obtain a building permit to construct the ADU must be paid before a final site-specific plan will be approved.
- ☐ I acknowledge that each homeowner who avails themselves of the County's ADU Blueprint Program will be required to sign a disclaimer or release in favor of the County as part of the permitting process if using a pre-approved plan, and that I and/or my firm will be solely responsible and liable for any alleged or actual defects, deficiencies, accidents, injuries, or other issues that may arise on account of my design or my work, except to the extent the homeowner has executed a liability release when using different professionals or doing the work themselves. I further agree to hold the County harmless and indemnify the County in the event that the County is sued or found liable in any matter relating to my design or my work.

I _____ have read the read the above and I hereby agree to hold Miami-Dade County, its agents, and authorized personnel harmless, and I release the County from any and all losses, injuries, deaths, claims, legal actions, costs or expenses (including attorney's fees), or damages suffered by any person or entity arising from or in any way related to the ADU plans and designs I have submitted as part of Miami-Dade County's Accessory Dwelling Unit (ADU) Blueprint Program.

Signature: _____

Professional Name: _____

License Number: _____

Address: _____

Phone No. _____

EmailAddress: _____

Professional Seal