



Change of Supervising Professional

1 Project Information

PROJECT NAME *

E-PLAN EXAM PR# *

PROJECT SITE ADDRESS LINE 1 *

CITY *

STATE *

ZIP *

2 Withdrawing Supervising Professional

NAME *

WI REGISTRATION # *

EMAIL *

FIRM NAME *

DISCIPLINE

EFFECTIVE DATE OF WITHDRAWAL *

REASON FOR WITHDRAWAL *

3 New Supervising Professional

NAME *

WI REGISTRATION # *

EMAIL *

FIRM NAME *

DISCIPLINE

DATE DESIGNATED BY OWNER *

I, the new supervising professional, acknowledge the requirements of Wis. Admin. Code SPS 361.40(3)(b) and certify the information provided in this section is true and correct.

By typing my full legal name below, I am electronically signing this form. The date will be stamped automatically.

NEW SUPERVISING PROFESSIONAL

DATE

4 Statutory Acknowledgement and Owner Signature

Per Wis. Admin. Code SPS 361.40(3)(b): If the supervising architect, engineer, or designer withdraws from a construction project, the owner of the building or structure shall retain a new supervising professional within 30 days of the date of the withdrawal and provide the authority that issued plan approval the name and Wisconsin registration number of the replacement supervising professional.

OWNER NAME *

OWNER EMAIL *

I, the owner, acknowledge the requirements of Wis. Admin. Code SPS 361.40(3)(b) and certify the information provided in this section is true and correct.

By typing my full legal name below, I am electronically signing this form. The date will be stamped automatically.

OWNER

DATE