



**Alachua County Board of County Commissioners  
Department of Growth Management**

10 SW 2<sup>nd</sup> Ave., Gainesville, FL 32601  
[Website: https://growth-management.alachuacounty.us](https://growth-management.alachuacounty.us)

Submit Questions to: **Building Division**  
Tel. 352.374.5243  
[Email: building@alachuacounty.us](mailto:building@alachuacounty.us)

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## CONCEALED ATTACHEMENT INSPECTION AFFIDAVIT

Permit Number \_\_\_\_\_ Jobsite Address \_\_\_\_\_

I, \_\_\_\_\_, licensed as a Contractor, License number: \_\_\_\_\_

or as an Owner/Builder per Florida Statutes Chapter 489, did personally inspect the concealed window attachment work

at \_\_\_\_\_ on or about (Date and Time) \_\_\_\_\_

All windows and/or doors covered by this permit are attached as per Florida Product Approvals and Manufacturers' specifications.

Signature of Contractor or Owner/Builder \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence \_\_\_\_\_ online notarization, this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority, e.g. officer,  
trustee, attorney in fact) for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

(SEAL ABOVE)

\_\_\_\_\_  
NOTARY PUBLIC, STATE AT LARGE