



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

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

Submit Questions to: **Building Division**
Tel. 352.374.5243
Email: building@alachuacounty.us

THERMAL BARRIER AFFIDAVIT

Permit Number _____ Jobsite Address _____

I/We, _____, licensed as Contractor* FS 468 Building Inspector*
 Engineer
 Architect

License Number _____ on or about (Date & Time) _____

I did personally install or supervise the installation of the required thermal barrier for attic space used for storage with foam plastic insulation as classified by FBCR 316.4 work at address _____

Type of barrier used: Material _____ Thickness _____ tested by NFPA 275

Signature of Contractor/Contractor designee or FS 468 Inspector _____

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

*General, Building, Residential, or specialty Contractor or any individual certified under FS 468 to make such an inspection.