



Alachua County
Department of Growth Management
 10 SW 2nd Ave., Gainesville, FL 32601
<http://growth-management.alachuacounty.us>

Submit to: **Building Division**

building@alachuacounty.us
 Tel. 352.374.5243
 Fax. 352.491.4510

CONCEALED ATTACHMENT INSPECTION AFFIDAVIT

RE: Permit # _____ Jobsite Address: _____

I, _____, licensed as a Contractor, License # _____
 (please print name)

or as an Owner/Builder per Florida Statutes Chapter 189, did personally inspect the concealed window attachment work
 at _____
 (Jobsite Address)

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

SWORN AND SUBSCRIBED BEFORE ME
 THIS _____ DAY OF _____, 20_____
 BY _____
 WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED AS IDENTIFICATION

 (TYPE OF IDENTIFICATION)

(SEAL ABOVE)

 Notary Public, Commission No. _____

 (Name of Notary typed, printed, or stamped)