



Alachua County
 Department of Growth Management
 10 SW 2nd Ave., Gainesville, FL32601
<http://growth-management.alachuacounty.us>

Submit to: Building Division
 * O a s @ a s | ~ } c E •
 Tel. 352.374.5243
 Fax. 352.491.4510

THERMAL BARRIER AFFIDAVIT

RE: Permit# _____

Jobsite Address: _____

_____, licensed as a(n) (Contractor* /Engineer/Architect,) FS 468 Building Inspector*
 (please print name and check License Type)

License#: _____ On or about _____, I did personally
 (Date & time)

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 _____
 (Job Site Address)

Type of barrier used: material, _____ Thickness _____ tested by NFPA 275

 Signature of Contractor, Contractor designee or FS 468 Building Inspector

STATE OF FLORIDA
 COUNTY OF ALACHUA

SWORN AND SUBSCRIBED BEFORE ME
 THIS _____ DAY OF _____, 2_____
 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)

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