

THIS INSTRUMENT PREPARED BY:

Name: _____

Address: _____

NOTICE OF COMMENCEMENT

Permit Number: _____

Parcel ID Number: _____

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **DESCRIPTION OF PROPERTY:** (Legal description of the property and street address if available)

2. **GENERAL DESCRIPTION OF IMPROVEMENT:**

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

Name and address: _____

Interest in property: _____

Fee Simple Title Holder (if other than owner listed above) Name: _____

Address: _____

4. **CONTRACTOR:** Name: _____ Phone Number: _____

Address: _____

5. **SURETY (If applicable, a copy of the payment bond is attached):** Name: _____

Address: _____ Amount of Bond: _____

6. **LENDER:** Name: _____ Phone Number: _____

Address: _____

7. **Persons within the State of Florida Designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.**

Name: _____ Phone Number: _____

Address: _____

8. In addition, Owner designates _____ of _____

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. Phone number: _____

9. Expiration Date of Notice of Commencement (The expiration is 1 year from date of recording unless a different date is specified) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

(Signature of Owner or Lessee, or Owner's or Lessee's
Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20

by _____ . Who is personally known to me OR

Name of person making statement

who has produced identification type of identification produced: _____

SEAL

Notary Signature