

Permit No. \_\_\_\_\_

Tax Folio / Parcel ID: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

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 property, and street address if available) \_\_\_\_\_  
\_\_\_\_\_
2. General description of improvement: \_\_\_\_\_
3. Owner information:
  - a. Name and address: \_\_\_\_\_
  - b. Phone number: \_\_\_\_\_
  - c. Name and address of fee simple titleholder (if other than owner): \_\_\_\_\_  
\_\_\_\_\_
4. Contractor:
  - a. Name and address: \_\_\_\_\_
  - b. Phone number: \_\_\_\_\_
5. Surety:
  - a. Name and address: \_\_\_\_\_
  - b. Amount of bond \$ \_\_\_\_\_
  - c. Phone number: \_\_\_\_\_
6. Lender:
  - a. Name and address: \_\_\_\_\_
  - b. Phone number: \_\_\_\_\_
7. Persons with the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes:
  - a. Name and address: \_\_\_\_\_
  - b. Phone number: \_\_\_\_\_
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
  - a. Name and address: \_\_\_\_\_
  - b. Phone number: \_\_\_\_\_
9. The expiration date of the notice of commencement is one (1) year from the 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.**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Owner's Authorized Officer/Director/Partner/Manager

\_\_\_\_\_  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ 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), who is personally known to me or who has produced \_\_\_\_\_ as identification.

[Notary Stamp]

\_\_\_\_\_  
Signature of Notary Public