

# NOTICE OF COMMENCEMENT

This Instrument Prepared by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Folio No.: \_\_\_\_\_

THE UNDERSIGNED HEREBY gives notice that improvement(s) 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: a. Street Address: \_\_\_\_\_

b. Legal Description: \_\_\_\_\_

2. GENERAL DESCRIPTION OF IMPROVEMENT(S): \_\_\_\_\_

3. OWNER INFORMATION, a. Name: \_\_\_\_\_

b. Interest in Property: \_\_\_\_\_ Address: \_\_\_\_\_

c. Fee Simple Titleholder (if other than owner): \_\_\_\_\_ Address: \_\_\_\_\_

4. CONTRACTOR: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

5. SURETY: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Amount of bond: \$ \_\_\_\_\_

Phone: \_\_\_\_\_

6. LENDER: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

7. Persons within the State of Florida designated by Owner upon whom notices or documents may be served as provided in Section 713.13(1)(a) 7, FLST. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b),

FLST. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

9. Expiration date of Notice of Commencement: \_\_\_\_\_ (The expiration date is one (1) year from the date of recording unless a different date was 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 1, 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 SIDE 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.**

VERIFICATION PURSUANT TO SECTION 92.525, FLST.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEFS.**

**SIGNATURE:** \_\_\_\_\_, **TITLE:** \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence OR  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, as \_\_\_\_\_ (type of authority).

\_\_\_\_\_  
**NOTARY SIGNATURE**

Personally known  OR produced identification , type: \_\_\_\_\_.