

# NOTICE OF COMMENCEMENT

This instrument Prepared By:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Permit No: \_\_\_\_\_  
Tax Folio No: \_\_\_\_\_  
STATE OF : \_\_\_\_\_  
COUNTY OF: \_\_\_\_\_

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: Street Address: \_\_\_\_\_  
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) Name: \_\_\_\_\_ 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 other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes:

a.) 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), Florida Statutes.

a.) 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 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 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 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.**

**Verification Pursuant to Section 92.525, Florida Statutes**

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 belief.

X \_\_\_\_\_  
Signature of Owner or Owner's Authorized Officer/Director  
Partner/Manager  
  
Signatory's Title/Office \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

by \_\_\_\_\_ as \_\_\_\_\_ (type of authority, (e.g. officer, trustee, attorney in fact) for \_\_\_\_\_ (name of party on behalf of whom instrument was executed) .

\_\_\_\_\_  
Signature of Notary Public, State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public  
Commission Number: \_\_\_\_\_  
Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_