

PERMIT # \_\_\_\_\_  
TAX FOLIO NUMBER \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

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

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:** A. NAME: \_\_\_\_\_  
B. ADDRESS: \_\_\_\_\_ C. INTEREST IN PROPERTY: \_\_\_\_\_  
C. NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): \_\_\_\_\_
4. **CONTRACTOR INFORMATION:** (NAME, ADDRESS & PHONE NO): \_\_\_\_\_
5. **SURETY:** (NAME, ADDRESS, PHONE NO. & BOND AMOUNT): \_\_\_\_\_ \$ \_\_\_\_\_
6. **LENDER INFORMATION:** (NAME, ADDRESS & PHONE NO): \_\_\_\_\_
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 NO:** \_\_\_\_\_
8. IN ADDITION TO HIMSELF/HERSELF, OWNER DESIGNATES THE FOLLOWING TO RECEIVE A COPY OF THE LIENORS NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES: (NAME, ADDRESS & PHONE NO): \_\_\_\_\_
9. EXPIRATION DATE OF NOTICE OF COMMENCEMENT (THE EXPIRATION DATE IS ONE 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.**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

\_\_\_\_\_  
SIGNATURE OF OWNER OR LESSEE; OR, OWNER'S OR  
LESSEE'S AUTHORIZED AGENT

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
COMPANY NAME AND TITLE

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_ SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, BY \_\_\_\_\_ (NAME OF PERSON MAKING STATEMENT),  
PERSONALLY KNOWN \_\_\_ OR PRODUCED IDENTIFICATION \_\_\_, TYPE OF IDENTIFICATION \_\_\_\_\_  
\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)  
(PRINT OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC)