

NOTICE OF COMMENCEMENT

Permit Number: _____
Tax Folio No. _____

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in the NOTICE OF COMMENCEMENT.

- 1. Legal Description of property (street address required):

- 2. General description of improvements: _____

- 3a. Owner Name: _____
Owner Address: _____
- 3b. Owner's interest in site: _____
- 3c. Fee Simple Title holder (of other than owner): _____
Address: _____
- 4. Contractor Name: _____
Address: _____ Phone: _____
- 5. Surety Name (if applicable): _____ Amount of bond: _____
Address: _____ Phone: _____
- 6. Lender Name (if applicable): _____ Contact: _____
Address: _____ Phone: _____
- 7. Person 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.
Name: _____
Address: _____
Phone Number: _____
- 8. In addition to himself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Name: _____
Address: _____
Phone Number: _____
- 9. Expiration date of Notice of Commencement (expiration date is one (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 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.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

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

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

Signatory's Title/Office

The foregoing instrument was acknowledge before me this _____ day of _____, 20_____,
by means of physical presence or on-line notarization, as _____ for _____.
Personally Known _____ OR Produced Identification _____
Type of Identification Produced: _____

Signature - Notary Public