

THIS INSTRUMENT PREPARED BY:

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

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

State of Florida

### NOTICE OF COMMENCEMENT

Permit Number \_\_\_\_\_ Parcel ID Number (PID) \_\_\_\_\_

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:**

Name and address: \_\_\_\_\_

Interest in property: \_\_\_\_\_

Name and address of fee simple titleholder (if other than Owner): \_\_\_\_\_

4. **CONTRACTOR:** (name, address and phone number): \_\_\_\_\_

5. **SURETY:**

Name, address and phone number: \_\_\_\_\_

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

6. **LENDER:** (name, address and phone number): \_\_\_\_\_

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: (name, address and phone number): \_\_\_\_\_

8. In addition to him/herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

9. Expiration date of notice of commencement (the expiration date is 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.**

STATE OF FLORIDA

COUNTY OF SEMINOLE

OWNERS SIGNATURE

OWNERS PRINTED NAME

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ Who is personally known to me \_\_\_\_\_ OR who has produced identification \_\_\_\_\_-type identification produced \_\_\_\_\_

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.

(seal)

SIGNATURE OF NATURAL PERSON SIGNING ABOVE

Print, Type or Stamp Commissioned Name of Notary Public

Notary Signature

