

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

To Whom It May Concern:

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

1. Description of property:

Legal Description: _____

Street Address: _____

2. General description of improvements: _____

3. Owner's Information: Name: _____

Address: _____

Interest in Property: _____

Name and Address of fee simple titleholder (if other than owner):

4. Contractor Information: Name: _____

Address: _____

Telephone No. _____ Fax No. (Opt.) _____

5. Surety Information: Name: _____

Address: _____

Amount of Bond: _____

Telephone No. _____ Fax No. (Opt.) _____

6. Lender Information: Name: _____

Address: _____

Telephone No. _____ Fax No. (Opt.) _____

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: _____

Address: _____

Telephone No. _____ Fax No. (Opt.) _____

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: _____

Telephone No. _____ Fax No. (Opt.) _____

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

Print Name

State of Florida

County of Leon

The Foregoing instrument was acknowledged before me this ____ day of _____, 20____,
by _____ who is personally known to me or has produced
_____ as identification and who did/did not take an oath.

BOB INZER, CLERK CIRCUIT COURT

Signature of Notary/Deputy Clerk

Printed Name

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.

Signature of Natural Person Signing Above