

This instrument prepared by:

Name: _____

Address: _____

NOTICE OF COMMENCEMENT

STATE OF **FLORIDA** Permit #: _____

COUNTY OF **SEMINOLE** PARCEL ID #: _____

THE UNDERSIGNED hereby gives notice that improvements 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 Improvements: _____

3 Owner Name: _____ **Phone:** _____

Address: _____

Interest in property: _____

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

4 Contractor's Name: _____ **Phone:** _____

Address: _____

5 Surety Name: _____ **Phone:** _____

Address: _____ **Amount of Bond:** \$ _____

6 Lender Name: _____ **Phone:** _____

Address: _____

7 Persons within the State of Florida designated by Owner upon who notice or other documents may be served as provided by Section 713.13(1)(a) 7. Florida Statutes: **Name:** _____ **Phone:** _____

Address: _____

8 In addition to himself or herself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: **Name:** _____ **Phone:** _____

Address: _____

9 Expiration Date of Notice of Commencement: _____

(the expiration date is 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 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.

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 _____, 20 _____, by _____,

(name of person) as _____ (type of authority, ...e.g. officer, trustee, attorney in fact) for

_____ (name of party on behalf of whom instrument was executed).

(SEAL)

Signature of Notary Public, State of Florida

Print, Type or Stamp Commissioned Name of Notary Public
Personally Known or Produced Identification

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