

NOTICE OF COMMENCEMENT

Permit No. _____
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 this **NOTICE OF COMMENCEMENT**.

1. Description of property (*legal description*): _____

a) Street (*job*) Address: _____

2. General description of improvements: _____

3. Owner Information

a) Name and address: _____

b) Name and address of fee simple titleholder (if other than owner) _____

c) Interest in property _____

4. Contractor Information

a) Name and address: _____

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

5. Surety Information

a) Name and address: _____

b) Amount of Bond: _____

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

6. Lender

a) Name and address: _____

Phone No. _____

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

a) Name and address: _____

b) 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:

a) Name and address: _____

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

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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF PINELLAS

10. _____

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

Print Name

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____

_____ as _____ (**type of authority, e.g. officer, trustee,**

attorney in fact) for _____ (**name of party on behalf of whom instrument was executed**).

Personally Known _____ OR Produced Identification _____ Notary Signature _____

Type of Identification Produced _____ Name (print) _____

OR

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.