NOTICE OF COMMENCEMENT

Permit No. Tax Folio No.

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.

	operty):
a) Street (job) Address:	
3. Owner or Lessee information (Lessee as owner	- only if contracted for improvements)
a. Name and address:	-
b. Interest in property:	(if other than owner):
c. Name and address of fee simple titleholder	(if other than owner):
4. Contractor Information	
a. Name and address:	
b. Phone number:	Fax No. (Opt.)
5. Surety Information	
a. Name and address:	
c. Phone number:	Fax No. (Opt.)
6. Lender	
a. Name and address:	
b. Phone number:	
7. Persons within the State of Florida designated	by Owner upon who notices or other documents may be served as provided by
Section 713.13(l)(a)7., Florida Statutes:	
a. Name and address:	
b. Phone number:	
8. In addition to himself, Owner designates the fo	llowing person(s) to receive a copy of the Lienor's Notice as provided in
Section 713.13(l)(b), Florida Statutes:	
a. Name and address:	
b. Phone number:	
Expiration date of notice of commencement (th date is specified)	he expiration date is 1 year from the date of recording unless a different
WADNING TO OWNED ANY DAVA	

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

Signatory's Title/Officer

The foregoing instrument was acknowledged before me by means of \Box physical presence or \Box online notarization,

_ day of ______ 20 _____, by _ this

who is personally known to me () or has provided the following identification

_. Expiration Date: ______ and who did/did not take an oath.

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public