

Permit # _____ Folio # _____

NOTICE OF COMMENCEMENT

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 :

this space reserved for recorder

1. Legal Description of Property: Lot _____ Block _____ Unit # _____ Bldg # _____ Lengthy legal attached
Subdivision / Condominium: _____
Street Address if available: _____
2. General description of Improvement : _____
3. a. Owner name and address: _____
b. Interest in property: _____
c. Name and address of fee simple titleholder (if other than Owner): _____
4. a. Contractor name and address: _____
b. Contractor's phone number: _____
5. a. Surety name and address: _____
b. Surety's phone number: _____
c. Amount of bond: \$ _____
6. a. Lender name and address: _____
b. Lender's phone number: _____
7. a. 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: _____
b. Phone number: _____
8. a. In addition to himself or herself, the Owner designates _____ to receive a copy of Lienor's Notice per Section 713.13(1)(b), Florida
b. Phone number of person or entity designated by owner _____
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 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(s) of Owner(s) or Owner(s)' Authorized Officer/Director/Partner/Manager

By _____	By _____
Print Name _____	Print Name _____
Title/Office _____	Title/Office _____

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, _____
By _____

Individually, or as _____ for _____
 Personally known, or produced the following type of identification: _____

Signature of Notary Public: _____
Print Name: _____
(SEAL)

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(s) of Owner(s) or Owner(s)' Authorized Officer/Director/Partner/Manager who signed above:

By _____ By _____