

Permit No. \_\_\_\_\_

**B - 4**

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. \_\_\_\_\_

5. Surety Information: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Amount of Bond: \_\_\_\_\_

Telephone No. \_\_\_\_\_

6. Lender Information: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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. \_\_\_\_\_

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. \_\_\_\_\_

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 COMMENCING 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.

\_\_\_\_\_  
Signature of Notary/Deputy Clerk

\_\_\_\_\_  
Printed Name