

**NOTICE OF COMMENCEMENT**

Permit Number: \_\_\_\_\_  
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 the NOTICE OF COMMENCEMENT.

- 1. Legal Description of property (street address required): \_\_\_\_\_  
\_\_\_\_\_
- 2. General description of improvements: \_\_\_\_\_  
\_\_\_\_\_
- 3a. Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_
- 3b. Owner's interest in site: \_\_\_\_\_
- 3c. Fee Simple Title holder (of other than owner) \_\_\_\_\_  
Address: \_\_\_\_\_
- 4. Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 5. Surety Name: \_\_\_\_\_ Amount of bond: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 6. Lender Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 7. Person 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: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- 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: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- 9. Expiration date of Notice of Commencement (expiration date is one (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 1, 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

**STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, as \_\_\_\_\_ for \_\_\_\_\_.  
Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Signature - Notary Public

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