

THIS INSTRUMENT PREPARED BY:

Name: _____

Address: _____

State of Florida



NOTICE OF COMMENCEMENT

Permit Number _____ Parcel ID Number (PID) _____

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.

DESCRIPTION OF PROPERTY (Legal description of the property and street address if available) _____

GENERAL DESCRIPTION OF IMPROVEMENT _____

OWNER INFORMATION

Name and address: _____

CONTRACTOR

Name and address: _____

Persons within the State of Florida Designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.

Name and address: _____

In addition to himself, Owner Designates _____ of _____ To receive a copy of the Lienor's Notice as Provided in Section 713.13(1)(b), Florida Statutes.

Expiration Date of Notice of Commencement:
The expiration date is 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 I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVMENTS 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.

STATE OF FLORIDA

COUNTY OF SEMINOLE

OWNERS SIGNATURE _____ OWNERS PRINTED NAME _____
“(NOTE: Per Florida Statute 713.13(1) (g), owner must sign..... and no one else may be permitted to sign in his or her stead.”

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

by _____ . Who is personally known to me _____
Name of person making statement
OR who has produced identification _____ type of identification produced

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 OF NATURAL PERSON SIGNING ABOVE

(SEAL)

Notary Signature