



NOTICE OF COMMENCEMENT

State of Florida County of St. Johns

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.

Expiration Date of Notice of Commencement (the expiration date is 1 year from the Date of recording unless a different date is specified) _____.

Owner's name (print) _____

Owner's address _____

Owner's interest in property _____

Legal description of property _____

Property address _____

General description of improvement _____

Fee simple title holder, if other than owner (print) _____

Address _____

Contractor's name (print) _____ Phone (____) _____

Address _____ Fax (____) _____

Surety's name, if any (print) _____ Amount of bond \$ _____

Address _____ Phone (____) _____ Fax (____) _____

Lender's name (print) _____ Phone (____) _____

Lender's address _____ Fax (____) _____

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 (print) _____ Phone (____) _____

Address _____ Fax (____) _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____

OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE NUMBER OF PERSON OR ENTITY DESIGNATED BY OWNER: _____

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. 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 Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ Date Signed _____

Print Name of Person Signing Above _____ In County Named _____ Of State _____

STATE OF FLORIDA COUNTY OF ST. JOHNS

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

by _____ as _____
Print Name of Person Signing Above Type of authority...e.g. officer, trustee, attorney in fact

for _____
Name of Party on Behalf of Whom Instrument was Executed Notary Public Signature

Known Personally _____ Or Identification _____
Name of Notary Typed or Printed

Type of Identification _____ Commission Number and Expiration Date (stamp or seal): _____