NOTICE OF COMMENCEMENT	
State of Florida County of	
The undersigned hereby gives notice that improvement will be made to Statutes, the following information is provided in this Notice of Commence	
1. Description of property: Tax Folio No. (Parcel #):	
a. Street Address:	
b. Legal Description:	
2. General description of improvement:	
3. Owner information or Lessee information if the Lessee contractor	d for the improvement:
a. Name and address:	
b. Interest in property:	
c. Name and address of fee simple titleholder (if different from Ow	ner listed above):
4. Contractor Information	
a. Contractor's name and address:	
b. Contractor's phone number:	
5. Surety (if applicable, a copy of the payment bond is attached):	
a. Name and address:	
b. Phone number:	
c. Amount of bond: \$	
6. Lender Information	
a. Lender's name and address:	
b. Lender's phone number:	
 Persons within the State of Florida designated by Owner upon whom Section <u>713.13(1)(a)7.</u>, Florida Statutes: 	notices or other documents may be served as provided by
a. Name and address:	
b. Phone numbers of designated persons:	
8. a. In addition to himself or herself, Owner designates Lienor's Notice as provided in Section <u>713.13(1)(b)</u> , Florida Statutes.	of to receive a copy of the
b. Phone number of person or entity designated by owner:	
Expiration date of notice of commencement (the expiration date will be specified):	e 1 year after the date of recording unless a different date is
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION <u>713.13</u> , IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT M BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINAN COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMEN	FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOF UST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT CING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director	r/Partner/Manager Signatory's Title/Office
The foregoing instrument was acknowledged before me by means of □ physical day of (month). (year)	
day of(month),(year)(type of authority,e.g. officer, tr (name of party on behalf of whom instrument was executed).	ustee, attorney in fact) for
	Signature of Notary Public - State of Florida
	Porsonally Known C OP Produced Identification
	Personally Known ☐ OR Produced Identification ☐ Type of Identification Produced:

Permit Number: _____