

Permit No. _____

Address: Tax Folio No. _____

Notice of Commencement

State of Florida
County of Flagler

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.

1. **Description of Property:** _____

2. **General Description of Improvement:** _____

3. **Owner Information:** Name and address: _____
Interest in Property: _____
Name and address of fee simple titleholder: (If other than owner): _____

4. **Contractor Information:** Name and address: _____
Phone number: _____

5. **Surety Information:** Name and address: _____
Phone number: _____
Amount of bond: _____

6. **Lender Information:** Name and address: _____
Phone number: _____

7. **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 and Address: _____
Phone Number: _____

8. **In addition to himself, owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.**

Name and Address: _____
Phone number: _____

1. Expiration date of Notice of Commencement (*the expiration date is 1 year from the 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 Owners Authorized Office/Director /Partner/Manger

Signatory's Title/Office

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

by _____ as _____
(type of authority... officer, trustee, attorney in fact)

for _____
(name of party on behalf of whom instrument was executed).

Stamp

Signature of Notary Public – State of Florida

Print, type or stamp commissioned name of notary public commission number

Personally known _____ or produced identification _____

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)