

# Notice of Commencement

Permit Number: \_\_\_\_\_ Tax Folio Number: \_\_\_\_\_

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.

Description of Property: \_\_\_\_\_

General Description of Improvement: \_\_\_\_\_

Owner Information

Name and Address: \_\_\_\_\_

Interest in Property: \_\_\_\_\_

(If other than owner) Name and address of fee simple titleholder: \_\_\_\_\_

Contractor Information

Name and Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Surety Information

Name and Address: \_\_\_\_\_

Interest in Property: \_\_\_\_\_

Amount of Bond: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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 \_\_\_\_\_  
(month) (year) (name of person)

as \_\_\_\_\_ for \_\_\_\_\_  
(type of authority...e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

Personally known \_\_\_\_ or produced identification \_\_\_\_

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
*Print, Type, or Stamped Commissioned Name of Notary Public*

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.