

# NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

STATE OF FLORIDA  
COUNTY OF SUWANNEE

PERMIT # \_\_\_\_\_

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. Legal Description of Property: \_\_\_\_\_  
\_\_\_\_\_
2. General Description of Improvements: \_\_\_\_\_  
\_\_\_\_\_
3. **Owner Information:**
  - a. Name and Address & Phone Number \_\_\_\_\_  
\_\_\_\_\_
  - b. Interest in Property: \_\_\_\_\_
  - c. Name and Address & Phone Number of Fee Simple Titleholder (if other than owner): \_\_\_\_\_  
\_\_\_\_\_
4. Contractor (name, address & phone number): \_\_\_\_\_  
\_\_\_\_\_
5. **Surety:**
  - a. Name and Address: \_\_\_\_\_  
\_\_\_\_\_
  - b. Amount of Bond: \_\_\_\_\_
6. Lender (name, address & phone number): \_\_\_\_\_  
\_\_\_\_\_
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Florida Statutes 713.13(1)(a)(7):  
Name, Address & Phone Number: \_\_\_\_\_  
\_\_\_\_\_
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes:  
Name, Address & Phone Number: \_\_\_\_\_  
\_\_\_\_\_
9. 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 I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
Type Owner Name: \_\_\_\_\_

\_\_\_\_\_  
Type Owner Name: \_\_\_\_\_

Sworn to and subscribed before me this \_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known \_\_\_\_\_  
Produced ID \_\_\_\_\_  
Did/Did Not Take an Oath \_\_\_\_\_

\_\_\_\_\_  
Type Notary's Name \_\_\_\_\_  
Notary Public, State of Florida  
Commission Expire & Number: \_\_\_\_\_