

# NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. \_\_\_\_\_  
State of \_\_\_\_\_

Tax Folio No. \_\_\_\_\_  
County of \_\_\_\_\_

## To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: \_\_\_\_\_

Address of property being improved: \_\_\_\_\_

General description of improvements: \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Owner's interest in site of the improvement \_\_\_\_\_

Fee Simple Titleholder (if other than owner) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Surety (if any) \_\_\_\_\_

Address \_\_\_\_\_ Amount of bond \$ \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name and address of any person making a loan for the construction of the improvements.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of person within the State of Florida, other than himself, designated by owner upon whom notices or other documents may be served:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): \_\_\_\_\_

### THIS SPACE FOR RECORDER'S USE ONLY

### OWNER

Signed: \_\_\_\_\_ DATE \_\_\_\_\_  
Before me this \_\_\_\_\_ day of \_\_\_\_\_ in the  
County of Duval, State of Florida, has personally appeared  
\_\_\_\_\_ herein by  
himself/ herself and affirms that all statements and declarations herein  
are true and accurate

\_\_\_\_\_,  
Notary Public at Large, State of \_\_\_\_\_, County of \_\_\_\_\_  
My commission expires: \_\_\_\_\_  
Personally Known \_\_\_\_\_ or  
Produced Identification \_\_\_\_\_