NOTICE OF COMMENCEMENT

Permit No.:_____ Tax Folio No.:_____

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: (legal description of the property, and street address if available)
- 2. General description of improvement: _____
- 3. Owner information or Lessee information if the Lessee contracted for the improvement:
 - a. Name and address: ______
 - b. Interest in property: _____
 - c. Name and address of fee simple titleholder (if different from Owner listed above)

4. Contractor Information:

- a. Contractor 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:
 - a. Name and Address:
 - b. Lender's phone number:
- 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:
 - a. Name and address: ______
 - b. Phone numbers of designated persons: ______
- 8. In addition to himself or herself, Owner designates ______ of

______ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b),

Florida Statutes.

a. Phone number of person or entity designated by owner: ______

Expiration date of notice of commencement (the expiration date will be 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. 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 Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

State of Florida			
County of Polk			
The foregoing instrument was acknowledged before r	ne this	day of	, (year) ,
by (name of person)	as		(type
of authority, e.g. officer, trustee, attorney in fact) for			(name
of party on behalf of whom instrument was executed).		

(Signature of Notary Public - State of Florida)

(Print	Type	or Stamp	Commissioned	Name o	f Notary	Public)
(דווות,	Type,	or stamp	Commissioneu	Name 0	inolary	rubiic)

Personally Known OR Produced Identification	 (Type of Identification
Produced)	