NOTICE OF COMMENCEMENT

State of Florida Permit Number: __ **County of Charlotte** Tax Folio or Parcel Number: 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 (complete street address with city/state/zip code required; complete legal description or parcel number, if available): General Description of Improvement: __ Owner Information: Name: a. Address: _____ City/State/Zip Code: ___ b. Interest in Property: ___ Name <u>and</u> Address of Fee Simple Title Holder (if different from the Owner listed above): ___ d. **Contractor Information:** Name: __ Phone Number: ___ a. ____ City/State/Zip Code: ___ Address: **Surety Information:** a. Name: Phone Number: ___ _____ City/State/Zip Code: ___ Address: Bond Amount: \$ **Lender Information:** Phone Number: a. Name: City/State/Zip Code: Address: 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/Address/Phone Number: In addition to himself/herself, Owner designates the following to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes: Name/Address/Phone Number: Expiration Date of Notice of Commencement (the expiration date is one year from the recording date unless a different date is specified here): 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. Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes). Signature of Owner or Lessee, or Owner's or Lessee's Authorized Printed Name Officer/Director/Partner/Manager Company Name and Title _____, County of ___ Sworn to (or affirmed) and subscribed before me, by means of □ physical presence or □ online notarization, this ______ day of ______, 20 _____ by ____ (name of person making statement) □ personally known, or □ produced identification with type of identification ___ Signature of Notary Public Printed or Stamped Commissioned Name of Notary Public