



**NOTICE OF COMMENCEMENT**  
State of Florida County of St. Johns

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.

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

Owner's name (print) \_\_\_\_\_

Owner's address \_\_\_\_\_

Owner's interest in property \_\_\_\_\_

Legal description of property \_\_\_\_\_

Property address \_\_\_\_\_

General description of improvement \_\_\_\_\_

Fee simple title holder, if other than owner (print) \_\_\_\_\_

Address \_\_\_\_\_

Contractor's name (print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Surety's name, if any (print) \_\_\_\_\_ Amount of bond \$ \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Lender's name (print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Lender's address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

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 (print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

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. PHONE NUMBER OF PERSON OR ENTITY DESIGNATED BY OWNER: \_\_\_\_\_.

**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 STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager \_\_\_\_\_ Date Signed \_\_\_\_\_

Print Name of Person Signing Above \_\_\_\_\_ In County Named \_\_\_\_\_ Of State \_\_\_\_\_

STATE OF FLORIDA COUNTY OF ST. JOHNS

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_ for \_\_\_\_\_.

Notary Public, State of Florida  
Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_