

23666 NW 185TH Road
High Springs, Florida 32643
Telephone: (386) 454-7322
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NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: _____

Address: _____

Permit No: _____

Tax Parcel No: _____

STATE OF: _____

COUNTY OF: _____

THE UNDERSIGNED HEREBY gives notice that improvement(s) 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: Street Address: _____

Legal Description: _____

2. GENERAL DESCRIPTION OF IMPROVEMENT(S): _____

3. OWNER INFORMATION: a) Name _____ Address _____

b) Interest in Property _____

c) Fee Simple Titleholder (if other than owner) Name _____ Address _____

4. CONTRACTOR: a) Name _____ Address _____ b) Phone _____

5. SURETY: a) Name _____ Address _____

b) Amount of bond \$ _____ c) Phone _____

6. LENDER: a) Name _____ Address _____ c) Phone _____

7. 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 _____ Address _____ b) Phone _____

8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

a) Name _____ Address _____ b) Phone _____

9. Expiration date of notice of commencement (the expiration is one (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 LENDOR OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director/Partner/Mgr.

Signatory's Title/Office

The foregoing instrument was acknowledged before me 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).

Commission Number: _____

Personally Known _____ Produced Identification _____

Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

Verification Pursuant to Section 92.525, Florida Statutes

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 Natural Person Signing Above