NOTICE OF COMMENCEMENT

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.

PERMIT NUMBER:_____

1. DESCRIPTION OF PROPERTY (Legal description & street address, if available) **TAX FOLIO NO.**_____

SUBDIVISION_____**BLOCK**_____**TRACT**_____**LOT**_____**BLDG**_____**UNIT**_____

_____

2. GENERAL DESCRIPTION OF IMPROVEMENT:

_____

3. OWNER INFORMATION: a. Name _____

b. Address_____**c. Interest in property**_____

Name and address of fee simple titleholder (if other than Owner) _____

4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:

_____

5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:

_____

6. LENDER'S NAME, ADDRESS AND PHONE NUMBER:

_____

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:
NAME, ADDRESS AND PHONE NUMBER:

_____

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER:

_____

9. Expiration date of notice of commencement (the expiration date will be 1 year after 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 OF THE IMPROVEMENT 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 Owner's Authorized Officer/Director/Partner/Manager

Print Name and Provide Signatory's Title/Office

State of Florida
County of Broward

The foregoing instrument was acknowledged before me by means of ◯ physical presence or sworn to (or affirmed) by ◯ online notarization, this _____day of _____20____ by _____, who is personally known _____or produced the following type of identification: _____

(Name of Signer)

Notary Stamp

_____

(Signature of Notary Public)

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 (Section 92.525, Florida Statutes).

Rev. 06/2025 (Recording)

RESET FORM