

Notice of Commencement

THIS INSTRUMENT PREPARED BY:	
Name:	
Address:	
STATE OF FLORIDA	COUNTY OF OKALOOSA

Permit Number		Parcel ID Number (PID)	
----------------------	--	-------------------------------	--

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. Attach a separate if necessary)

2. GENERAL DESCRIPTION OF IMPROVEMENT:

3. OWNER INFORMATION:

Name and address:

Interest in property:

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

4. CONTRACTOR: (name, address and phone number):

5. SURETY: Name, address and phone number:

Amount of bond \$

6. LENDER: (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 § 713.13(1)(a)7, Florida Statutes: (name, address and phone number)

8. In addition to him/herself, Owner designates _____ of _____ receive a copy of the Lienor's Notice as provided in § 713.13(1)(b), Florida Statutes.

9. Expiration date of notice of commencement (the expiration date is 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 1, 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.

STATE OF FLORIDA **COUNTY OF OKALOOSA**

OWNER'S SIGNATURE _____ OWNER'S PRINTED NAME _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____

_____. Who is personally known to me OR who has produced identification _____

_____. VERIFICATION PURSUANT TO § 92.525 FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS STATED IN IF IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER _____ NOTARY PUBLIC – STATE OF FLORIDA _____

SIGNATORY'S TITLE/OFFICE _____ PRINT OR STAMP COMMISSIONED NAME OF NOTARY _____