

**NOTICE OF COMMENCEMENT**

*TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00*

**PERMIT #:** \_\_\_\_\_ **TAX FOLIO #:** \_\_\_\_\_  
STATE OF FLORIDA COUNTY OF INDIAN RIVER

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.

**LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):**

**GENERAL DESCRIPTION OF IMPROVEMENT:**

**OWNER NAME:**

ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**INTEREST IN PROPERTY:**

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): \_\_\_\_\_

**CONTRACTOR:**

ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**SURETY COMPANY (IF ANY):**

ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

**LENDER/MORTGAGE COMPANY:**

ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**EXPIRATION DATE OF NOTICE OF COMMENCEMENT:** \_\_\_\_\_

(THE EXPIRATION DATE 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 LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

**SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER**

**SIGNATORY'S TITLE/OFFICE**

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, BY: \_\_\_\_\_

AS \_\_\_\_\_ FOR \_\_\_\_\_

NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION \_\_\_\_\_

TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
NOTARY SEAL

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 Natural Person Signing Above