Permit Number:		
Prepared by		
Name:		
Address:		
NOTICE OF COMMENCEMENT		
State of Florida County of		
The undersigned hereby gives notice that improvement will be made to constatutes, the following information is provided in this Notice of Commencement		in accordance with Chapter 713, Florida
Description of property: Tax Folio No. (Parcel #):      a. Street Address:		
b. Legal Description:		
2. General description of improvement:		
Owner information or Lessee information if the Lessee contracted f     a. Name and address:	•	
b. Interest in property:		
c. Name and address of fee simple titleholder (if different from Owner	listed above):	
4. Contractor Information		
a. Contractor's name and address:		
b. Contractor's phone number:		
5. Surety (if applicable, a copy of the payment bond is attached):		
a. Name and address:		
b. Phone number:		
c. Amount of bond: \$		
6. Lender Information		
a. Lender's name and address:		
b. Lender's phone number:		
7. Persons within the State of Florida designated by Owner upon whom not Section <u>713.13(1)(a)7.</u> , Florida Statutes:	tices or other documents	may be served as provided by
a. Name and address:		
b. Phone numbers of designated persons:		
8. a. In addition to himself or herself, Owner designates Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.		
b. Phone number of person or entity designated by owner:		
<ol><li>Expiration date of notice of commencement (the expiration date will be 1 specified):</li></ol>	year after the date of rec	cording unless a different date is
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EX IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLC IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUSBEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	ORIDA STATUTES, AND CA T BE RECORDED AND POS	AN RESULT IN YOUR PAYING TWICE FOR STED ON THE SITE OF THE IMPROVEMENT
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Pa	artner/Manager	Signatory's Title/Office
The foregoing instrument was acknowledged before me by means of □ physical pre day of(month),(year), by	'	(name of person) as
(type of authority,e.g. officer, truste (name of party on behalf of whom instrument was executed).	e, attorney in fact) for	
		Signature of Notary Public - State of Florida onally Known □ OR Produced Identification □ on Produced: