Permit No.:	Tax Folio No.:	
NOTIC	CE OF COMMENCEMENT	
STATE OFCOUNTY OF		
COUNTY OF		
THE UNDERSIGNED hereby gives notice that improvement will Statutes, the following information is provided in this Notice of Co.	ill be made to certain real property, and in accordance with Chapter 713, Fl Commencement.	orida
1. Description of property: (legal description of property, and stre	reet address if available)	
2. General description of improvement:		
	•	
<ul><li>b. Interest in property:</li><li>c. Name and address of fee simple titleholder (if different from</li></ul>	m Owner listed above):	
4. a. Contractor: (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. a. Lender: (name and address) b. Lender's Phone number:		
7. Person within the State of Florida designated by Owner upon w 713.13(1)(a)7., Florida Statutes:	whom notices or other documents may be served as provided by Section	
b. Phone numbers of designated persons:		
8. a. In addition to himself or herself, Owner designates as provided in Section 713.13(1)(b), Florida Statutes: b. Phone number of person or entity designated by owner:	ofto receive a copy of the Lien	or's Notice
9. Expiration date of notice of commencement (the expiration date	ate is 1 year from the date of recording unless a different date is specified)	
ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION	OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENO PTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAI JR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECOR ION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOURK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	N RESULT DED AND
(Signature of Owner or Lessee, or Owner's Authorized Officer/Director/Partner/Manager)		
(Signatory's Title/Office)		
The foregoing instrument was acknowledged before me this	day of,(year) by s(type of authority, e.g. offi(name of partyon behalf of whom instrument wa	icer trustee
attorney in fact) for	(name of partyon behalf of whom instrument wa	s executed).
	Signature of Notary Public – State of Florida Print, Type, or Stamp Commissioned Name of Notary Public Commission Number	
	Personally Knownor Produced Identification Type of Identification Produced	