

**NOTICE OF COMMENCEMENT**

State of Florida, City of St. Augustine Beach

Parcel Identification Number \_\_\_\_\_

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.

Expiration Date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified) \_\_\_\_\_

Owner's name (print) \_\_\_\_\_

Owner's address \_\_\_\_\_ Owner's interest in property \_\_\_\_\_

Property address \_\_\_\_\_

Legal description of property \_\_\_\_\_

General description of improvement \_\_\_\_\_

Name of fee simple title holder, if other than owner (print) \_\_\_\_\_

Address of fee simple title holder if applicable \_\_\_\_\_

Contractor's name (print) \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

Surety's name, if any (print) \_\_\_\_\_ Amount of bond \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Lender's name (print) \_\_\_\_\_ Phone number \_\_\_\_\_

Lender's address \_\_\_\_\_ Email address \_\_\_\_\_

**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 (print) \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13.(1)(B), FLORIDA STATUTES. ADDRESS AND PHONE NUMBER OF PERSON OR ENTITY DESIGNATED BY OWNER:

**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 COMENCEMENT. 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.

Signature of Owner \_\_\_\_\_ Date signed \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF ST. JOHNS**

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (print name of person signing above) \_\_\_\_\_

who is personally known to me [ ] or has produced the following type of identification \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public, State of Florida Stamp or Seal of Notary Public Commission Number and Expiration Date: