



NOTICE OF COMMENCEMENT
State of Florida County of St. Johns

Permit No. _____
Tax Folio (Parcel) No. _____

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 1 year from
the Date of recording unless a different date is specified**_____.

Owner’s name (print) _____

Owner’s address _____

Owner’s interest in property _____

Legal (Tax) description of property _____

Property address _____

General description of improvement _____

Fee simple title holder, if other than owner (print) _____

Address _____

Contractor’s name (print) _____ **Phone (____)** _____

Address _____ **Fax (____)** _____

Surety’s name, if any (print) _____ **Amount of bond \$** _____

Address _____ **Phone (____)** _____ **Fax (____)** _____

Lender’s name (print) _____ **Phone (____)** _____

Lender’s address _____ **Fax (____)** _____

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 (____)** _____

Address _____ **Fax (____)** _____

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 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 COMMENCEMENT. 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 or Lessee, or Owner’s or Lessee’s Authorized Officer/Director/Partner/Manager **Date Signed**

Print Name of Person Signing Above **In County Named** **Of State**

STATE OF FLORIDA COUNTY OF ST. JOHNS

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day
of _____, 20____, by _____ as _____ for
_____.

Notary Public, State of Florida
Name: _____
My Commission Expires: _____
My Commission Number is: _____

Personally Known _____ **OR Produced Identification** _____
Type of Identification Produced _____