



# NOTICE OF COMMENCEMENT

Community Development Dept. | 9220 Bonita Beach Road, Suite 111 | Bonita Springs, FL 34135 | Phone: 239 444 6150 | Fax: 239 444 6140

Permit No. \_\_\_\_\_ STRAP No.: \_\_\_\_\_ County of: \_\_\_\_\_ State of: \_\_\_\_\_

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 the Notice of Commencement.

1. **Description of property:** (legal description of property and street address if available) \_\_\_\_\_  
\_\_\_\_\_

2. **General description of improvement:** \_\_\_\_\_  
\_\_\_\_\_

3. **Owner Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
**Fax #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
**Interest in property:** \_\_\_\_\_  
**Name and address of fee simple titleholder (if other than Owner):** \_\_\_\_\_

4. **Contractor Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
**Fax #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

5. **Surety Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
**Fax #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
**Amount of Bond: \$** \_\_\_\_\_

6. **Lender Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
**Fax #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

7. **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:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
**Fax #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

8. **In addition to himself or herself, Owner designates** the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
**Fax #:** Area Code: \_\_\_\_\_ Number: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

9. **Expiration date of notice of commencement** (the expiration date is 1 year from date of recording unless a different date is specified):  
**Date:** \_\_\_\_\_  
**Owner's Name:** \_\_\_\_\_ **Owner's Address** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ (Owner or Owner's Authorized Officer/Director/Partner/Manager)

**\*\*\*WARNING TO OWNER\*\*\***

**Any Payments Made By The Owner After The Expiration Of The Notice Of Commencement Are Considered Improper Payment Under Chapter 713, Part 1, 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.**

**Verification Pursuant to Section 923525, Florida Statutes**

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:** \_\_\_\_\_ **Date:** \_\_\_\_\_