



NOTICE OF COMMENCEMENT

201 W. Central Ave., P.O. Box 1320, Lake Wales, FL, 33859-1320
Phone: (863) 676-5112 - Fax (863) 678-4050
Email: permitting@lakewalesfl.gov

Permit No. _____

STATE OF _____ Tax Folio No.: _____ - _____ - _____ - _____

COUNTY OF _____

The undersigned hereby gives notice that improvements will be made to certain real property and in accordance with Chapter 713 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT:

1. Legal Description of Property: Lot _____ Block _____ Unit # _____ Bldg # _____

Street Address: _____

2. General Description of Improvements: _____

3. a. Owner's name and address: _____

b. Interest in property: _____

c. Name and address of fee simply title holder (if other than Owner): _____

4. a. Contractor's name: _____ Address: _____

b. Phone number: _____

5. a. Surety Name: _____ Address: _____

b. Phone number: _____ Amount of bond: \$ _____

6. a. Lender name: _____ Address: _____

b. Phone number: _____

7.a. 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: _____

b. Phone number of designated persons: _____

8.a. 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.

b. Phone number: _____

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____

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 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.

Signature of Owner

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____

Personally Known _____ OR Produced Identification _____

Signature of Notary Public-State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public