| Afte | r recording return to: | | | | |
|------------|--|---|---|---|--|
| Permit No: | | NOTICE OF COM | MENCEMENT | | |
| | | | | | |
| The Cha | undersigned hereby gives not apter 713, Florida Statutes, the | tice that improvement will be made to confollowing information is provided in this | ertain real property, and in accordance with s Notice of Commencement. | | |
| 1. | Description of property: | Legal Description: (legal descriptio | on of the property, and street address if available) | | |
| | | Street Address: | | | |
| 2. | General description of improv | vement: | | | |
| 3. | Owner's Information: | Address: | | | |
| | | Interest in Property: Name and Address of fee simple ti | itleholder (if other than owner): | | |
| 4. | Contractor Information: | Address: | Fax No. (Opt.) | | |
| 5. | Surety Information: | Name: | | | |
| | | Amount of Bond: | Γαλ Νο. (Ορί.) | | |
| 6. | Lender Information: | Name: Address: Telephone No | Fax No. (Opt.) | | |
| 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: Telephone No Fax No. (Opt.) | | | | |
| 8. | In addition to himself or herse to receive a copy of the follow | elf, Owner designates ving Lienor's Notice as Provided in Sec Name: | of tion <u>713.13</u> (1) (b), Florida Statutes: | | |
| | | Address: Telephone No | Fax No. (Opt.) | | |
| 9. | • | of notice of commencement (the expiration date is 1 year from the date of recording unless a specified) | | | |
| PAY | MENTS UNDER CHAPTER 713, DPERTY. A NOTICE OF COMMEN | PART I, SECTION <u>713.13</u> , FLORIDA STATU ICEMENT MUST BE RECORDED AND POS | EXPIRATION OF THE NOTICE OF COMMENCEMENT JTES, AND CAN RESULT IN YOUR PAYING TWICE FO STED ON THE JOB SITE BEFORE THE FIRST INSPEC' ICING WORK OR RECORDING YOUR NOTICE OF COI | OR IMPROVEMENTS TO YOUR TION. IF YOU INTEND TO OBTAIN | |
| | | | Signature of Owner or Owner's Authorized Officer | /Director /Partner /Manager | |
| | | | Printed Name & Signatory's Title/Office | | |
| | | | , 20, by | | |
| | is personally known to me or has plan oath. | produced | as identification and who did | or did not | |
| iake | an odul. | | Signature of Notary Public - State of Florida | | |
| | | | Print, type or Stamp Commissioned Name of Nota | ıry Public | |
| | fication pursuant to Section 92.5 er penalties of perjury, I declare the | | s stated in it are true to the best of my knowledge and beli | ef. | |