

NOTICE OF COMMENCEMENT

Indian River Shores Building Department

STATE OF: _____
COUNTY OF: _____

Permit No: _____
Tax Folio 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.

- 1. Legal description of property: _____
2. General description of improvement: _____
3. Owner: Name and address: _____
a. Interest in property: _____
b. Name, address, and phone number of fee simple title holder (if other than Owner): _____
4. Contractor: Name and address: _____
a. Phone number: _____ Fax number: _____
5. Surety: Name and address: _____ Bond \$ _____
a. Phone number: _____ Fax number: _____
6. Lender: Name and address: _____
a. Phone number: _____ Fax number: _____
7. Persons within the State of Florida designated by Owner upon whom notices or other documents shall be served as provided by section 713.13(1)(a)7., Florida Statutes (name, address, and phone and fax number): _____
8. In addition to himself, Owner designates _____ (name, address and phone number) to receive a copy of the Lienor's Notice as provided in section 713.13(1)(b), Florida Statutes.
9. Expiration date of Notice of Commencement (the expiration date is one 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 INDER CH. 713, PART 1, SECT 713.13 FS AND MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOBSITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/ Director/Partner/Manager

Signatory's Title/Office

STATE OF: _____
COUNTY OF: _____

SWORN TO and subscribed before me this _____ day of _____, 20__, by _____ who is personally known to me or has produced _____ as identification.

(SEAL)

Notary Public / State of Florida

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. (Verification pursuant to Section 92.525 FS)

Signature of Natural Person Signing Above