

AFTER RECORDING RETURN TO:

Property Appraisers Parcel Identification: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

State of Florida  
County of Nassau

The undersigned hereby given 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**.

**Legal description of property (include street address, if available)**

\_\_\_\_\_

**General description of improvements** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Owner's Interest in site of the improvement** \_\_\_\_\_

**Fee Simple Title holder (if other than owner)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contractor** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Surety** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Amount of Bond \$** \_\_\_\_\_

**Lender's Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)** \_\_\_\_\_, \_\_\_\_\_.20\_\_\_\_

**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.**

**Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.**

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

\_\_\_\_\_  
Print Name and Provide Signatory's Title/Office

State of Florida  
County of Nassau

I have relied upon the following identification of the Affiant \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name