



# City of PALM COAST

## NOTICE OF COMMENCEMENT

STATE OF FLORIDA	COUNTY OF FLAGLER
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.	
PERMIT NUMBER	TAX FOLIO NUMBER

LEGAL DESCRIPTION OF PROPERTY	
ADDRESS OF PROPERTY	
GENERAL DESCRIPTION OF IMPROVEMENT	

OWNER INFORMATION			
OWNER NAME		FEE SIMPLE TITLEHOLDER	
INTEREST IN PROPERTY			
MAILING ADDRESS			
CITY		STATE	ZIP
FEE TITLE ADDRESS			

CONTRACTOR INFORMATION			
CONTRACTOR NAME		PHONE	
MAILING ADDRESS			
CITY		STATE	ZIP

SURETY INFORMATION			
NAME		PHONE	
MAILING ADDRESS			
CITY		STATE	ZIP
AMOUNT OF BOND			

LENDER INFORMATION			
NAME		PHONE	
MAILING ADDRESS			

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		PHONE	
MAILING ADDRESS			

IN ADDITION TO HIM/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		PHONE	
MAILING ADDRESS			

EXPIRATION DATE OF NOTICE OF COMMENCEMENT (*THE EXPIRATION DATE IS 1 YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED HERE:* \_\_\_\_\_).

**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 or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

\_\_\_\_\_  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_  
Year Type of Authority

\_\_\_\_\_ for \_\_\_\_\_  
Officer/Trustee/Attorney Name of party on behalf of whom instrument was executed

\_\_\_\_\_  
Signature of Notary Public State of Florida

\_\_\_\_\_  
Print, type or stamped commissioned name of Notary Public

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

