CITY OF MARATHON, FLORIDA
Building Department

Permit No _____ Real Estate No _____

Prepared By:

STATE OF FLORIDA,
COUNTY OF MONROE.

Name _____

Address _____

Notice of Commencement

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. Description of property: (legal description of property, and street address if available)

_____

2. General description of improvements: _____

3. Owner Name: _____

Address: _____

Interest in property: _____

Name and address of fee simple titleholder (if other than owner): _____

4. Contractor Name: _____ Phone: _____

Address: _____

5. Surety Name: _____ Phone: _____

Address: _____

Amount of bond $: _____

6. Lender's Name: _____ Phone: _____

Address: _____

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: _____ Phone: _____

Address: _____

8. In addition to himself, 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: _____

Address: _____

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 I, 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 Owner's Authorized Agent | Printed Name of Owner or Owner's Authorized Agent | Date

Sworn to and subscribed before me on this _____ day of _____, 20_____

Personally Known _____ Produced Identification _____

_____ _____

Signature of Notary Public – State of Florida | My Commission Expires



