

NOTICE OF COMMENCEMENT

*Permit #: _____
*Parcel ID #: _____

THE UNDERSIGNED hereby gives notice that the improvements will be made to certain real property in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this *Notice of Commencement*.

- 1. *Description of property (*legal description of property* and address): *Parcel ID# _____

- 2. *General description of improvements: _____

- 3. *Owner information or Lessee information if the Lessee contracted for the improvement:
 - a. *Name & address: _____
 - b. *Interest in property: _____
 - c. Name & address of fee simple titleholder (if other than owner): _____

- 4. *Contractor (name & address): _____

- 5. Surety:
 - a. Name & address _____
 - b. Amount of bond _____
- 6. Lender (name & address): _____
- 7. Person within the State of Florida designated by owner upon notice of other documents may be served as provided by Section 713.13(1)(a)(7), Florida Statutes. Name & address _____

- 8. In addition to himself, owner designates _____ of _____ to receive a copy of the Leinor’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 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA	Signature of Owner _____
COUNTY OF PINELLAS	Print Name of Owner/Representative _____
	Title _____

Sworn and subscribed to before me this ____ day of _____ 20__ by _____ who is/are personally known to me or has/have produced _____ as identification.

Notary Public Signature _____
(Type/Print) _____

-AND-

Verification pursuant to Section 92.525, Florida Statutes. 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.

Signature of Natural Person Signing Above

RETURN TO: City of Pinellas Park
Building Development Division
6051 78th Avenue North
Pinellas Park, FL 33781

***Required fields**