Newberry
FLORIDA
BUILDING DEPARTMENT

Mailing: 25440 W Newberry Rd
Newberry, Florida 32669
Tel: 352-472-2161 Ext. 3
www.NewberryFL.gov

NOTICE OF COMMENCEMENT

THIS INSTRUMENT PREPARED BY:

Name: _____

Address: _____

_____

Permit Number: _____

Tax Folio Number: _____

COUNTY OF: _____

STATE OF: _____ ,

THE UNDERSIGNED HEREBY gives notice that improvement(s) 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.

DESCRIPTION OF PROPERTY:

Street Address: _____

Legal Description: _____

_____

_____

GENERAL DESCRIPTION OF IMPROVEMENT(S):

_____

_____

_____

OWNER INFORMATION

Name: _____

Address: _____

Fee Simple Titleholder Name: _____

IF OTHER THAN OWNER

Address: _____

CONTRACTOR

Name: _____   Phone: _____

Address: _____
SURETY:

Name: _____   Phone: _____

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Address: _____

Amount of Bond: $_____

LENDER

Name: _____   Phone: _____

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: _____

Address: _____

In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Name:_____   Phone: _____

Address:_____

Expiration date of notice of commencement (the expiration date is one (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
Officer/Director Partner/Manager

_____
Signatory's Title/ Office

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online

notarization, this _____day of _____, 20_____, by _____.
                             (Day)   (Month)   (Year)   (Name of Person Acknowledging)

_____   _____
Signature of Notary Public - State of Florida   Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification
Type of Identification Produced: _____

Located in the Historic Little Red School House
25815 S.W. 2nd Avenue