VILLAGE OF PINECREST
Building & Planning Department

12645 Pinecrest Parkway,
Pinecrest, Florida 33156

NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

SPACE ABOVE RESERVED FOR USE OF RECORDING OFFICE

INFORMATION

PERMIT NO._____ **TAX FOLIO NO.**_____

STATE OF FLORIDA:
COUNTY OF MIAMI-DADE:

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENTS 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. LEGAL DESCRIPTION OF PROPERTY AND STREET/ADDRESS: _____

2. DESCRIPTION OF IMPROVEMENT: _____

3. OWNER(S) NAME AND ADDRESS: _____
INTEREST IN PROPERTY: _____
NAME AND ADDRESS OF FEE SIMPLE TITLEHOLDER: _____
4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER: _____

5. SURETY: (PAYMENT BOND REQUIRED BY OWNER FROM CONTRACTOR, IF ANY)
NAME, ADDRESS AND PHONE NUMBER: _____
AMOUNT OF BOND $_____
6. LENDER'S NAME AND 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, ADDRESS AND PHONE NUMBER: _____

8. IN ADDITION TO HIMSELF, OWNERS 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, ADDRESS AND PHONE NUMBER: _____

9. EXPIRATION DATE OF THIS 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.

CERTIFICATION

SIGNATURE(S) OF OWNER(S) OR OWNER(S)' AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

OWNER _____ **PREPARED BY** _____
PRINT NAME _____ **PRINT NAME** _____
TITLE/OFFICE _____ **TITLE/OFFICE** _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS DAY OF _____
BY _____

☐ **INDIVIDUALLY, OR** ☐ **AS** _____ **FOR** _____

☐ **PERSONALLY KNOWN, OR** ☐ **PRODUCED THE FOLLOWING TYPE OF IDENTIFICATION:** _____

SIGNATURE OF NOTARY PUBLIC: _____
PRINT NAME: _____
(SEAL)

VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUTES

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING & THAT THE FACTS STATED IN IT ARE TRUE, TO THE BEST OF MY KNOWLEDGE & BELIEF.

SIGNATURE(S) OF OWNER(S) OR OWNER(S)'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER WHO SIGNED ABOVE:

PRINT NAME _____ **SIGNATURE** _____