



**Marion County
Board of County Commissioners**

Building Safety ♦ Permitting

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400
Fax: 352-438-2401

Notice of Commencement

Permit no.: _____ Tax folio/Parcel ID: _____ State: _____ County: _____

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Florida Statutes (FS) chapter 713, the following information is provided in this notice of commencement.

1. Description of property should include the full, legal description and street address, if available: _____

2. General description of improvement: _____

3. Owner or lessee name and address if lessee is contracted for the improvement: _____

3a. Interest in property: _____

3b. Name and address of fee simple titleholder (if different from owner listed above): _____

4. Contractor-qualifier name and address: _____

5. Surety name and address, if applicable attach copy payment bond: _____

5a. Amount of bond: \$ _____

6. Lender name and address: _____

7. Persons within the state of Florida as designated by owner upon whom notices or other documents may be served as provided by FS section 713.13(1) (a) 7 (provide name and mailing address): _____

8. In to owner, name and address of designated person(s) receiving lienor's notice copy per FS section 713.13(1)(b): _____

9. Notice of commencement expiration date (not prior to construction completion or contractor final payment and one year after recording date unless otherwise specified): _____

WARNING TO OWNER: Any payments made by owner after notice of commencement expiration date are considered improper payments (FS chapter 713, part I, section 713.13 and can result in your paying twice for improvements to your property. A notice of commencement must be recorded with Marion County Clerk of the Court and a certified copy filed with Building Safety and posted on the jobsite prior to first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.

Under penalties of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

Signature of owner or lessee (or authorized representative)

Date

Signatory's title/office

STATE OF FLORIDA County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by _____
(printed name) as _____ (authority/representative type; officer, trustee or attorney-in-fact)
for _____ (name of party/corporation/company for whom instrument was executed).

Signature of Notary Public

Personally known _____ or produced identification _____

(Seal)

PMT 7 - Rev. 8/15

"Meeting Needs by Exceeding Expectations"