



**Marion County
Board of County Commissioners**

Building ♦ 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. In accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement:

1. Description of property (legal description, lot, block, and street address if available): _____

2. General description of improvement: _____

3a. Owner name/address: _____

3b. Interest in property: _____

3c. Name and address of fee simple title holder (if other than owner): _____

4. Contractor – Qualifier Name and Address: _____

5. Surety – Name and Address: _____

Amount of bond: \$ _____

6. Lender – 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: _____

8. In addition to him/herself, 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 [Provide Name/Mailing Address]: _____

9. NOC expiration date (one full year from the date of recording unless 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.

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 Owner/A Natural Person
(or Owner’s Authorized Officer/Director/Partner/Manager)

Date

STATE OF FLORIDA

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (print name of person) as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Notary Public

(Seal)

Personally Known _____ -OR- Produced Identification _____

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“Meeting Needs by Exceeding Expectations”