Permit N	lo	Parcel ID No		
	NOTICE	OF COMMENCEMENT		
State of		County of	County of	
	IDERSIGNED hereby gives notice that improvement will be wing information is provided in this Notice of Commencement Description of Property: Parcel Identification No.			
	Street Address:			
2.	General Description of Improvement			
3.	Owner Information or Lessee information if the Lessee contracted for the improvement:			
	Name			
	Address	City	State	
	Interest in Property:			
	Name of Fee Simple Titleholder: (If different from Owne	r listed above)		
	Address	City	State	
4.	Contractor: Name			
	Address	City		
	Contractor's Telephone No.:	•		
5.	Surety:			
	Name			
	Address	City	State	
	Amount of Bond: \$	Telephone No.:		
6.	Lender: Name			
	Address	City	State	
7.	Lender's Telephone No.: Persons within the State of Florida designated by the Section 713.13(1)(a)(7), Florida Statutes:	e owner upon whom notices or other documents may l	pe served as provided by	
	Name			
	Address Telephone Number of Designated Person:	City	State	
8.	In addition to himself, the owner designates		of	
	to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.			
	Telephone Number of Person or Entity Designated by Owner:			
9.	Expiration date of Notice of Commencement (the expiration date may not be before the completion of construction contractor, but will be 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 ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMM RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCING WORK OR RECORDING YOUR WORK OR PROPERTY			
	Under penalty of perjury, I declare that I have read the fo of my knowledge and belief.	regoing notice of commencement and that the facts stated	therein are true to the best	
	OF FLORIDA			
COUNT	Y OF PASCO	Signature of Owner or Lessee, or Owner's or Lessee's Officer/Director/Partner/Manager	Authorized	
		Signatory's Title/Office		
The fore	going instrument was acknowledged before me this	•		
		(type of authority, e.g., officer,		
		(name of party on behalf of whom instr	rument was executed).	
Personally Known ☐ <u>OR</u> Produced Identification ☐		Notary Signature		
Type of Identification Produced		Name (Print)		