

AFTER RECORDING – RETURN TO:

Name: _____
Address: _____

PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes the following information is provided in the Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** (Legal description & street address, if available) **TAX FOLIO NO.:** _____

SUBDIVISION _____ **BLOCK** _____ **TRACT** _____ **LOT** _____ **BLDG** _____ **UNIT** _____

2. **GENERAL DESCRIPTION OF IMPROVEMENT:**

3. **OWNER INFORMATION:** a. Name _____

b. Address _____ c. Interest in property _____

d. Name and address of fee simple titleholder (if other than Owner) _____

4. **CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:**

5. **SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:**

6. **LENDER'S NAME, ADDRESS AND PHONE NUMBER:**

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 or herself, Owner designates the following 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 notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____, 20____

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**

Print Name and Provide Signatory's Title/Office

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

By _____, as _____
(name of person) (type of authority, ...e.g. officer, trustee, attorney in fact)

For _____
(name of party on behalf of whom instrument was executed)

_____ Personally known or _____ produced the following type of identification: _____

Notary

(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:

By _____ By _____

AFTER RECORDING - RETURN TO:

Name: _____

Address: _____

NOTICE OF TERMINATION
(of Notice of Commencement)

STATE OF FLORIDA:
COUNTY OF _____:

Space above reserved for use of recording office

The undersigned hereby gives notice that the effective period of that certain Notice of Commencement dated _____, recorded in O.R. Book/Page _____ / _____ of the Public Records of BROWARD COUNTY, Florida, will terminate; and, in accordance with Section 713.132, Florida Statutes, the following information is provided:

1. The date and recording information for the Notice of Commencement being terminated are as described above, and all information contained therein is hereby expressly incorporated into this NOTICE OF TERMINATION.
2. The Notice of Commencement shall be terminated as of _____, or 30 days from the recording date of this Notice of Termination, whichever date is later.
3. This Notice of Termination applies to:
 - all the real property subject to the above described Notice of Commencement.
 - only to the portion of such real property described as:

4. All lienors have been paid in full or prorata in accordance with Section 713.06(4), Florida Statutes.
5. A copy of this notice has been served on the contractor and on each lienor who has given notice, if any.

Owner Signature: _____
Print Name _____

Owner Signature: _____
Print Name _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 20____
by: _____

Personally known to me, or produced _____ as identification.

Notary Signature: _____

Print Name: _____

seal

Exhibit attached:

- Contractor's Final Payment Affidavit
- Property Legal Description
- Copy of Notice of Commencement

RELEASE OF LIEN AND AFFIDAVIT



Space above reserved for use of recording office

1. The undersigned contractor, for an in consideration of the payments of the sum of _____ paid by receipt of which is hereby acknowledged, hereby releases and quit claims to _____, the owner of the hereinafter described property, all liens, lien rights, claims or demands of any kind whatsoever, which the undersigned now has to might have against the building located on, or premises legally described as _____

_____ on account of labor performed and/or materials furnished for the construction of any such improvements on said premises.

2. All labor and materials used by the undersigned in the erection of said improvements have been paid in full, except as follows: _____

3. All lienors furnishing labor, services, or materials for said improvements have been paid in full, except as follows: _____

4. This instrument is executed and delivered to the owner in compliance with Chapter 713, Florida Statutes.

5. The undersigned contractors does hereby consent to the payment by the owner of all lienors giving notice and those lienors above named.

IN WITNESS WHEREOF, I have hereunto set by hand and seal this _____ day of _____, 20_____

Witnesses:

1. _____ (SEAL)
(Contractor)

2. _____ By _____
(President)

STATE OF FLORIDA:

COUNTY OF _____:

I, hereby acknowledge that the statements contained in the foregoing Release of Lien and Affidavit are true and correct. Sworn to and subscribed before me, this _____ day of _____, 20_____.

Notary Public _____

Print Notary's Name: _____

My Commission Expires: _____

Property Owner(s): _____

Property Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

To Whom it May Concern:

RE:

In reference to the above contracted job, ALL LABOR WILL BE PERFORMED BY THE FOLLOWING COMPANIES:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

In reference to the above contracted job, ALL MATERIALS WILL BE PERFORMED BY THE FOLLOWING COMPANIES

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

X

X

Licensed Contractor

Property Owner

STATE OF
COUNTY OF

Sworn to (or affirmed) and subscribed before me this

____ day of _____, 20____, by

(Type / Print Property Owner or Agent Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

Notary's Name (Print/Type or Stamp Notary's Name)

Personally Known _____ or
Produced Identification _____

Property Owner(s): _____

Property Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

To Whom It May Concern:

In referenced to the above contracted job, ALL LABOR PARTIES LISTED BELOW HAVE BEEN PAID IN FULL:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

In reference to the above contracted job, ALL MATERIAL SUPPLIERS LISTED BELOW HAVE BEEN PAID IN FULL:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

X

X

Licensed Contractor

Property Owner

STATE OF
COUNTY OF

Sworn to (or affirmed) and subscribed before me this

____ day of _____, 20____, by

(Type / Print Property Owner or Agent Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

Notary's Name (Print/Type or Stamp Notary's Name)

Personally Known _____ or
Produced Identification _____