



Jackson County Building Department  
 4487 Lafayette St.  
 Marianna, FL 32448  
 850-482-9802, Fax 850-718-0029  
[permitting@earthlink.net](mailto:permitting@earthlink.net)

**NOTICE OF COMENCEMENT**

Permit No.: \_\_\_\_\_  
 State of **FLORIDA**  
 County of **JACKSON**

Tax Folio No.: \_\_\_\_\_

**The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with chapter 713 of the Florida Statutes, the following information is provided in the NOTICE OF COMMENCEMENT.**

Legal description of property (include Street Address, if available): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General description of improvement: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Interest in site of the improvement: \_\_\_\_\_

Fee Simple Title Holder (if other than owner): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Surety: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Amount of bond: \_\_\_\_\_

Lender's Name: \_\_\_\_\_

Address: \_\_\_\_\_

**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: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In addition to himself, owner designates: \_\_\_\_\_

Of: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Printed Name of Owner

I have relied upon the following identification of the Affiant \_\_\_\_\_

(affix stamp)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_.

\_\_\_\_\_  
 Notary Signature

\_\_\_\_\_  
 Printed Name