Village of Estero Building and Permitting Services
9401 Corkscrew Palms Circle
Estero, FL 33928
Tel # (239) 221-5036 | Fax # (239) 319-2235 | permitting@estero-fl.gov



Permit No 1ax Folio No			
NOTICE OF COMMENCEMENT State of FLORIDA County of LEE			
The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.			
Description of Property: (legal description of the property, and street address if available)			
2. General description of improvement:			
3. Owner Information:			
a. Name and address:			
b. Interest in property:			
c. Name and address of fee simple titleholder (if different from Owner listed above):			
4. Contractor: (name and address)			
b. Contractor's phone number:			
5. Surety (if applicable, a copy of the payment bond is attached):			
a. Name and Address:			
b. Phone number: c. Amount of bond:			
6a. Lender: (name and address)			
h Lender's 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:			
a. Name and address:			
b. Phone numbers of designated persons:			
8a. In addition to himself or herself, Owner	designates	of	
to receive a copy of Lienor's Notice as prov	vided in Section 713.13 (1)(b) Florida Statutes.	
b. Phone number of person or entity design	nated by owner:		
9. Expiration date of notice of commencem of construction and final payment to the contra different date is specified)			
WARNING TO OWNER: ANY PAYMENTS M THE NOTICE OF COMMENCEMENT ARE CO CHAPTER 713, PART I, SECTION 713.13, FI PAYING TWICE FOR IMPROVEMENTS TO Y MUST BE RECORDED AND POSTED ON TH YOU INTEND TO OBTAIN FINANCING, CON BEFORE COMMENCING WORK OR RECOR	ONSIDERED IMPROPER PAY LORIDA STATUTES, AND CA YOUR PROPERTY. A NOTICI HE JOB SITE BEFORE THE F ISULT WITH YOUR LENDER	YMENTS UNDER AN RESULT IN YOUR E OF COMMENCEMENT FIRST INSPECTION. IF OR AN ATTORNEY	
Under penalty of perjury, I declare that I hat that the facts stated therein are true to the Signature of Owner of Lessee, or Owner's	best of my knowledge and b		
Officer/Director/Partner/Manger:			
Signatory's Title/Office:			
The foregoing instrument was acknowledg	ed before me this	day of	
(year), by	(name of person) as	(type	
of authority, e.g. officer, trustee, attorney ir (name of party on behalf of whom instrume	n fact) forent was executed).		
Signature of Notary Public – State of Florida	1		
Print, Type, or Stamp Commissioned Name	of Notary Public		
Personally KnownOR Produced Ide	entification		
Type of Identification Produced			