



# Town of Manalapan

Building Department • 600 South Ocean Blvd., Manalapan, Florida 33462  
Website: <http://www.manalapan.org> • Phone: 561-585-9477 • Fax: 561-585-9498

## NEW COMMERCIAL, ADDITION, TENANT IMPROVEMENT CHECKLIST FORM (FBC 8<sup>th</sup> Edition 2023)

### THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

- Completed Building Permit Application
- Notice of Commencement
- P.B. County Fire Plan Review Application
- Legible and current copy of Survey clearly showing where the structure will be constructed. One (1) site plan drawn to scale and/or one (1) signed and sealed survey, showing existing and proposed structures, dimensions from all property lines, use of adjoining properties, driveway(s), swales, flood zones and grades for drainage.
- Full set of construction documents/plans by registered design professional. (Plans must be signed, sealed, dated and have a digitally verifiable signature.)
- Sub Trade Applications
- Complete Energy Calculations
- Roof Material Worksheet for all proposed roofing systems (i.e. tile, shingles, flat, metal)
- Windows and Doors Worksheet
- Full and complete Product Approvals
- Elevation Certificate, if constructed within Flood Zone "AE"
- Health Department approval, if on septic system
- Approval/approved plans from the Department of Hotels and Restaurants, if applicable

### SPECIFIC REQUIREMENTS

- Separate permits will be required for the work listed below. Check with the Town of Manalapan Building Department for further separate permitting requirements.
  - Backflow Preventer
  - Demolition (complete demo)
  - Driveway/Walkway
  - Dumpster Enclosure
  - Electric (irrigation, temporary power pole, service change)
  - Fence/Wall
  - Fire Alarm
  - Fire Sprinklers
  - Fire Suppression Systems
  - Fuel Storage Tanks & Dispensing Equipment
  - Gas (LP or natural)
  - Generator
  - Grease Hood, Vapor Hood (Type I and Type II)
  - Grease Interceptor
  - Irrigation
  - Landscaping
  - Lightning Protection Systems
  - Medical Gas Systems
  - Signage
  - Site Lighting (that is not entirely wall mounted to the structure)
  - Solar Heating Systems
  - Solar Power Systems
  - Storm Protection Devices (hurricane shutters)
  - Temporary Tent
  - Walk-in Cooler

# UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

January 2024 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version: \_\_\_\_\_ Permit Type: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Application Date: \_\_\_\_\_

Application #: \_\_\_\_\_

**1**  
**KIND of PERMIT (CHECK ONE):**  
 PRIMARY PERMIT  
 SUB-PERMIT - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6, & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.  
PRIVATE PROVIDER:  PLAN REVIEW  INSPECTIONS

**2**  
PROPERTY OWNER: \_\_\_\_\_  
TENANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**3**  
**TRADE (CHECK ONE):**  
 STRUCTURAL  ROOFING  ELECTRICAL  
 MECHANICAL  PLUMBING  FIRE  GAS  
 OTHER: \_\_\_\_\_  
PRIMARY PERMIT #: \_\_\_\_\_

**4**  
PROJECT NAME: \_\_\_\_\_  
PCN: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
PROJECT ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_

**5**  
**FURTHER WORK DESCRIPTION:** \_\_\_\_\_  
Type of Work:  New  Addition  Alteration  Repair  Demo  Temporary  Other  
VALUE: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_ NET S.F (for SFD's): \_\_\_\_\_  
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

**6**  
 OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)  
 CONTRACTOR (CERT. HOLDER): \_\_\_\_\_ License #: \_\_\_\_\_  
DBA (COMPANY NAME): \_\_\_\_\_ Contact Person: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**7**  
\_\_\_\_\_  
(Signature of Owner or Agent) (including contractor)  
Print Name: \_\_\_\_\_  
NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_  
(Name of person making statement)  
\_\_\_\_\_  
(Signature of Notary Public - State of Florida)  
\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Physical Presence \_\_\_\_\_ OR Online Notarization \_\_\_\_\_  
Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**8**  
\_\_\_\_\_  
(Signature of Contractor)  
Print Name: \_\_\_\_\_  
NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_  
(Name of person making statement)  
\_\_\_\_\_  
(Signature of Notary Public - State of Florida)  
\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Physical Presence \_\_\_\_\_ OR Online Notarization \_\_\_\_\_  
Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

<sup>9</sup>  
**Fee Simple Titleholder's Name** (If other than owner): \_\_\_\_\_  
\_\_\_\_\_  
**Fee Simple Titleholder's Address** (If other than owner): \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Same as Owner

<sup>10</sup>  
**Bonding Company:** \_\_\_\_\_  
\_\_\_\_\_  
**Bonding Company Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Not Applicable

<sup>11</sup>  
**Architect/Engineer's Name:** \_\_\_\_\_  
\_\_\_\_\_  
**Architect/Engineer's Name Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Not Applicable

<sup>12</sup>  
**Mortgage Lender's Name:** \_\_\_\_\_  
\_\_\_\_\_  
**Mortgage Lender's Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Not Applicable

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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.

**NOTICE TO CONTRACTOR:** FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

**OFFICE USE ONLY BELOW THIS LINE**

<sup>13</sup>  
**CODE EDITION/NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>14</sup>  
**USE (CHECK ONE):**  
 1 & 2 FAMILY     TOWNHOUSE     CONDOMINIUM  
 MULTI-FAMILY     COMMERCIAL     INDUSTRIAL  
 AGRICULTURAL - BLDG CODE EXEMPT     OTHER: \_\_\_\_\_  
\_\_\_\_\_  
 USE CHANGE: \_\_\_\_\_  
\_\_\_\_\_



# TOWN OF MANALAPAN

600 South Ocean Boulevard, Manalapan, FL 33462  
(561) 585-9477

## CONSTRUCTION SITE MAINTENANCE

(refer to Construction Site Standards Sec. 152.110 of Town of Manalapan Code)

Construction Site Address; \_\_\_\_\_

Permit Number; \_\_\_\_\_

- No vehicles may be parked on the swale (public right-of-way)
- Any permission granted for off-site parking within the Town of Manalapan shall be provided in writing by the property owner and a copy received by Town Officials prior to parking off-site
- Contractor shall install a minimum six foot (6'-0") high temporary, fabric-lined chain link fence for the project per Town code Sec. 152.110. Please note: this fence may be required to be on all sides of the property
- Dumpsters must be covered and emptied when full and placed inside the fenced site
- Port-a-potties must be placed inside the fenced site and cannot be visible from the street
- No dirt piles shall be greater than six feet (6'-0") in height above the crown of the road
- All construction sites must be watered down daily or with more frequency as required OR covered in order to prevent dust and debris from escaping to adjacent properties
- Whenever possible/feasible, the Contractor shall notify adjacent property owners 24 hours in advance of any activity which is anticipated to create unusually loud noise, prolonged disturbance, or unusual occurrence (i.e... Demolition)
- Contractor shall contact Town Utilities at 561-586-3699 prior to starting work. Any damage including tampering, to water meter boxes, water meter box lids, and Town owned water lines shall be the responsibility of the Contractor.
- Meters should be visibly marked and kept clear of vehicles, building materials or dirt piles in order to facilitate meter readings and/or emergency shut offs

Contractor Signature; \_\_\_\_\_ Date \_\_\_\_\_





# DEMOLITION HOLD HARMLESS

## HOLD HARMLESS AGREEMENT FOR DEMOLITION WORK ACTIVITIES WITHIN THE TOWN'S JURISDICTION

In association with the issuance of Building Permit # \_\_\_\_\_, the signatories below ("hereby referred to as Owner) individually agree to the following:

During the pendency of the Demolition Work Activities until completion, the Owner shall protect, defend, indemnify and hold harmless the Town, its officers, employees and agents from and against any and all lawsuits, penalties, damages, settlements, judgments, decrees, costs, charges and other expenses, including attorneys' fees and liabilities of every kind, nature or degree resulting from or arising out of actions associated with the actions associated with Building Permit being issued by Town. Without limiting the foregoing, any and all such claims, suits, causes of action relating to personal injury, death, damage to property, or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation or decree of any court, is included in the indemnity. The Owner further agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and agrees to bear all other costs and expenses related thereto even if the claim is groundless, false or fraudulent and if called upon by the Town, Owner shall assume and defend not only itself but also the Town in connection with any claims, suits or causes of action, and any such defense shall be at no cost or expense whatsoever to Town, provided that the Town (exercisable by the Town's Risk Manager) shall retain the right to select counsel of its own choosing.

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

\_\_\_\_\_  
(Contracted Company Name)

\_\_\_\_\_  
(Printed Name of Qualifier for Contracted Company)

As a consideration for the permission granted herein, \_\_\_\_\_(Property Owner) agrees to indemnify and hold harmless the Town of Highland Beach for any damages, claims or injuries that may result from the temporary traffic modification described herein.

\_\_\_\_\_  
(Property Owner's Signature)

By: \_\_\_\_\_  
(Qualifier for Contracted Company)

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public State of Florida

County of \_\_\_\_\_

# Asbestos Notifications Guide

IF YOU ARE PLANNING TO DEMOLISH OR RENOVATE ANY EXISTING REGULATED STRUCTURE, YOU ARE SUBJECT TO THE FEDERAL AND COUNTY REGULATIONS RELATING TO THE DEMOLITION AND THE HANDLING OF ASBESTOS CONTAINING MATERIAL.

PLEASE COMPLETE THE FOLLOWING INFORMATION TO DETERMINE IF THE ASBESTOS RULES AND FEE APPLY TO AN ACTIVITY OR GROUP OF ACTIVITIES YOU PLAN ON CONDUCTING.

A. MARK THE BOXES THAT APPLY:

1. Demolition or (interior or exterior) Renovation activity involving:

- Commercial, industrial, or public building
- School, College, or University owned property
- A residential building with more than four dwelling units
- Two or more residential structures at the same site or part of the same demolition or renovation project
- Residential property being demolished for commercial purposes or by government order
- An ordered demolition of a structure deemed unsafe by a state or local governmental agency
- An emergency demolition as defined in the Federal regulations
- Burning any building for training purposes

2. Renovation activity for a project type identified in A.1. above involves the removal (or disturbance) of regulated asbestos containing material of:

- 160 square feet or more
- 260 linear feet or more
- 35 cubic feet or more
- Below cut-off for each of the above, but combination of materials equals or exceeds 1 in the following formula:  
$$\text{sq. ft./160} + \text{l.f./260} + \text{cu.ft./35}$$

B. IF ANY BOX IN A.1. OR A.2. ABOVE APPLY, SUBMIT A NOTICE OF DEMOLITION OR ASBESTOS RENOVATION WITH THE APPROPRIATE FEE TO THE FOLLOWING:

Florida Department of Health Palm Beach County  
Asbestos Program Coordinator  
800 Clematis Street – 4<sup>th</sup> Floor  
West Palm Beach, FL 33402

**Alternatively, you may submit a Notification electronically at the following website:**

<http://www.fldeportal.com/go/submit-registration/>

**NOTE:** Chapter 11, Article II, Section 11-20 (a) (5)-(6) of the Palm Beach County Code (§4, Ordinance No. 78-5, as amended) requires that before commencing asbestos renovation projects or demolition of structures subject to the National Emission Standards for Hazardous Air Pollutants (NESHAP), written approval must be obtained from the Health Department .



## Town of Manalapan

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### Asbestos & Lead Paint Notification Statement

#### Required for ALL Demolitions and /or Renovations

Per Florida Statute 469.003, it is the responsibility of the owner/operator/applicant to comply with this provision.

By signing below, I/we agree to notify the Palm Beach County Health Department of the intention to remove asbestos, when applicable, in accordance with State and Federal law.

I/we further acknowledge that lead paint is a dangerous material that may be present in buildings constructed prior to 1978. I/we agree to mitigate the presence of lead paint with properly trained firms and with proper notice to occupants of affected buildings in compliance with 40 CFR part 745 Code of Federal regulations for lead paint abatement.

**Job Site Address:**

---

**Company Name and License Number:**

---

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

**Phone #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contractor's Printed Name:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

**Note:** The V Zone design certificate is not a substitute for the NFIP Elevation Certificate (see Fact Sheet No. 1.4, *Lowest Floor Elevation*), which is required to certify as-built elevations needed for flood insurance rating.

### V ZONE DESIGN CERTIFICATE

Name \_\_\_\_\_ Policy Number (Insurance Co. Use) \_\_\_\_\_

Building Address of Other Description \_\_\_\_\_

Permit No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. \_\_\_\_\_ Panel No. \_\_\_\_\_ Suffix\_ FIRM Date \_\_\_\_\_ FIRM Zone(s) \_\_\_\_\_

#### SECTION II: Elevation Information Used for Design

**[NOTE: This section documents the elevations/depths used or specified in the design – it does not document surveyed elevations and is not equivalent to the as-built elevations required to be submitted during or after construction.]**

- 1. FIRM Base Flood Elevation (BFE) ..... \_\_\_\_\_ feet\*
- 2. Community's Design Flood Elevation (DFE)..... \_\_\_\_\_ feet\*
- 3. Elevation of the Bottom of Lowest Horizontal Structure Member ..... \_\_\_\_\_ feet\*
- 4. Elevation of Lowest Adjacent Grade ..... \_\_\_\_\_ feet\*
- 5. Depth of Anticipated Scour/Erosion used for Foundation Design..... \_\_\_\_\_ feet
- 6. Embedment Depth of Pilings of Foundation Below Lowest Adjacent Grade ..... \_\_\_\_\_ feet

\* Indicate elevation datum used in 1-4:  NGVD29  NAVD88  Other \_\_\_\_\_

#### SECTION III: V Zone Design Certification Statement

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice\*\* for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE.
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood\*\*\*. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

#### SECTION IV: Breakaway Wall Design Certification Statement

**[NOTE. This section must be certified by a registered engineer or architect when breakaway walls are designed to have a resistance of more than 20 psf (0.96 kN/m2) determined using allowable stress design]**

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of breakaway walls to be constructed under the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice\*\* for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood\*\*\*.
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (see Section III).

#### SECTION V: Certification and Seal

This certification is to be signed and sealed by a registered professional engineer or architect authorized by law to certify structural designs. I certify the V Zone Design Certification Statement (Section III) and \_\_\_\_\_ the Breakaway Wall Design Certification Statement (Section IV, check if applicable).

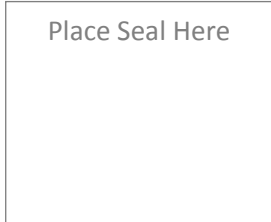
Certifier's Name \_\_\_\_\_ License Number \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_



Instrument Prepared By:

Name: \_\_\_\_\_

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

PERMIT NUMBER: \_\_\_\_\_

STATE OF: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

TAX FOLIO NO.: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

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.

1. **DESCRIPTION OF PROPERTY** (Legal description of the property & street address, if available) **Legal Description:** \_\_\_\_\_  
\_\_\_\_\_

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** \_\_\_\_\_

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: \_\_\_\_\_

b. Interest in property: \_\_\_\_\_

c. Name and address of fee simple titleholder (if different from Owner listed above): \_\_\_\_\_

4. a. **CONTRACTOR:** Name & Address \_\_\_\_\_

b. 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: \$ \_\_\_\_\_

6. a. **LENDER:** Name and address: \_\_\_\_\_

b. 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: \_\_\_\_\_

8. a. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: \_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date will be 1 year after 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 SITE OF THE IMPROVEMENT 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 Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)**

\_\_\_\_\_  
**(Print Name and Provide Signatory's Title/Office)**

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or sworn to (or affirmed) by \_\_\_\_\_ online notarization,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(name of person)

as \_\_\_\_\_ for \_\_\_\_\_  
(type of authority, e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

Notary

\_\_\_\_\_  
**(Signature of Notary Public)**  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification Type of Identification Produced \_\_\_\_\_