



TOWN OF GRANT-VALKARIA
1449 Valkaria Road
Grant-Valkaria, FL 32950
Phone: (321) 951-1380 Fax: (321) 956-5660

AFFIDAVIT OF NOTICE OF COMMENCEMENT FILING

I, _____
(Owner/Contractor - Please Print)

of _____
(Street Address)

(City)

(State)

(Zip)

hereby certify the attached is a copy of the Notice of Commencement that is being filed
with the Clerk of the Circuit Court for the improvement as noted: _____

(Please specify the improvement/work)

as permitted by Town of Grant-Valkaria

OWNER/CONTRACTOR SIGNATURE

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by
_____ who is personally known to me or who has produced
_____ as identification.

S E A L

Notary's Signature

Name of Notary (Typed, Printed, or Stamped)