



Building Department

2650 N Dixie Freeway
New Smyrna Beach, Florida 32168
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www.cityofnsb.com

Notice of Commencement

Form bd-1004

State of Florida
County of Volusia
Tax Parcel Number: _____

Permit No: _____

The UNDERSIGNED hereby gives notice that improvements 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, and street address if available)

FOR CLERK'S OFFICE USE ONLY

2. General description of improvements:

3. Owner Information:

- a. Name and Address: _____
- b. Interest in Property: _____
- c. Name and Address of Fee Simple Titleholder
(if other than owner) _____

4. Contractor:

- a. Name and Address: _____
- b. Phone & Fax Numbers: _____

5. Surety:

- a. Name and Address: _____
- b. Phone & Fax Numbers: _____

6. Lender:

- a. Name and Address: _____
- b. Phone & Fax Numbers: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may serve as provided by Section 713.13(1)(b), Florida Statutes:

- a. Name and Address: _____
- b. Phone & Fax Numbers: _____

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

- a. Name and Address: _____
- b. Phone & Fax Numbers: _____

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

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 1, 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

Print Name of Owner

State of Florida, County of _____
Affirmed and subscribed before me this _____ day of _____, 20____ by _____,
who is personally known to me or who has produced _____ (type of ID) as identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary