

Permit No

Tax Parcel Number

NOTICE OF COMMENCEMENT

State of Florida County of Volusia

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, and street address if available.)

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 other than owner)

4. a. 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 \$ _____ .00

6. a. Lender: Name and address

b. 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: _____

8. a. In addition to himself, 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 _____

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 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 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 or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager (Section 713.13[1] [d])

Signatory's Title/Office

State of _____, County of _____

The forgoing instrument was acknowledged before me this _____ day of _____ 20____ by _____

(Type of authority ...e.g. officer, trustee, attorney in fact)

Signature of Notary Public - State of Florida

Print, Type or Stamp Name of Notary Public

Personally Known _____ OR _____ Produced ID Type of ID Produced _____

FOR CLERK'S OFFICE USE ONLY

Empty rectangular box for Clerk's Office Use Only.