

FAYETTE COUNTY BUILDING DEPARTMENT
121 E. EAST STREET
WASHINGTON C.H., OHIO 43160
Tel: 740-335-2212
Fax: 740-335-6644

CONTRACTOR REGISTRATION PROGRAM
BOND FORM

KNOW ALL MEN BY THESE PRESENTS

That I/we, _____ (name of individual or company) Principal, located at _____ (address) _____ (city/village), _____ (state/zip), and _____ **Surety Company**, a corporation duly licensed to do business in the State of Ohio are held and firmly bound unto the Fayette County Building Department, Obligee, located at 121 E. East Street, Washington Court House, Ohio 43160, (740) 335-2212, Attn: Program Coordinator, in the penal sum of \$10,000.00 (Ten Thousand Dollars and 00/100 Cents) lawful money of the United States, for representatives, jointly and severally by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH,

That whereas, the Principal has been registered as a Contractor or Subcontractor by the Obligee.

NOW THEREFORE,

The said Principal shall faithfully perform the duties and in all things comply with resolution Journal G Page 309 including all Amendments thereto, pertaining to the registration or permit applied for, then this obligation to be void, otherwise to remain in full force and effect for a period of one year, commencing on the _____ day of _____, _____ and ending on the _____ day of _____, _____ to be renewed yearly by a continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the political subdivision with whom this bond is filed and to the Principal, addressed to them at the political subdivision named herein. At the expiration of 30 (thirty) days from the mailing of said notice, this bond shall terminate, and the Surety shall thereupon be relieved from any liability for any acts of omissions of the Principal subsequent to the date The Surety shall not be liable for more than the penalty of the bond, regardless of the number of claims made against the bond or the number of years the bond remains in force.

DATED THIS _____ DAY OF _____, _____

Principal

Bond Number

Insurance Agency Issuing Bond (Please Print)

Attorney in Fact (Please Print)

Address (Please Print)

Phone (Please Print)

Fax (Please Print)

SEAL
GOES HERE