

Cuyahoga County Board of Health Plumbing Contractor Registration Bond

KNOW ALL MEN BY THESE PRESENTS, that _____ doing business as principal, hereinafter referred to as the PRINCIPAL, and _____ as surety, hereinafter referred to as the SURETY, are held and firmly bound unto the Cuyahoga County Board of Health, in the sum of Twenty Five Thousand Dollars (\$25,000) for payment of which, well and truly to be made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Witness our hand and seals this _____ day of _____, _____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, that, whereas the said PRINCIPAL has made application to the Cuyahoga County Board of Health for a Certificate of Registration as a contractor to engage in the business of plumbing in the communities within the health jurisdiction of the Cuyahoga County Board of Health, Cuyahoga County, Ohio, during the calendar year of 2019, ending December 31, 2019, in accordance with the provisions of the *Cuyahoga County Board of Health Plumbing Regulation*.

NOW THEREFORE, if the said PRINCIPAL shall faithfully observe all the duties and discharge all the obligations incurred by him/her during said registration period under the *Cuyahoga County Board of Health Plumbing Regulation* and all applicable codes and regulations of the State of Ohio, inclusive of the *Ohio Plumbing Code*, applying to the construction, alterations, repair, addition to, subtraction from, reconstruction or remodeling of any plumbing within a building, structure, or appurtenance thereto, or any part thereof, then this obligation shall be void, otherwise, the same shall be and remain in full force and effect; the undersigned agreeing and consenting that this undertaking shall be for the benefit of any party damaged by the PRINCIPAL'S failure to comply with the obligations, duties, terms, conditions, provisions and requirements of the applicable codes and regulations of the Cuyahoga County Board of Health and the State of Ohio, as described above, applying to such work and the lawful orders of the Cuyahoga County Board of Health issued under such codes and regulations. Either the Cuyahoga County Board of Health, or any injured party, or both, may bring action on this bond, but said action must be commenced within two years after expiration of the PRINCIPAL'S registration.

PRINCIPAL:

Signature of Contractor

Printed Name

Street Address

City, State, Zip

SURETY:

Power of Attorney Signature

Printed Name

Street Address

City, State, Zip

NOTE: ATTACH POWER OF ATTORNEY

If this Bond is executed by an agent for a Principal or a Surety, such Agent must affix a copy of his/her Power of Attorney or other evidence of authority to execute the Bond. If the Surety is a non-resident Corporation of the State of Ohio, its authority to do business in Ohio must, likewise, be attached hereto.

(SEAL – required to be placed in this location)