



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 surety, hereinafter referred to as the SURETY, are held and firm	mly bound unto the Cuyahoga County Board of
Health, in the sum of Twenty Five Thousand Dollars (\$25,000) we bind ourselves, our heirs, executors, administrators, success these presents.	
Witness our hand and seals this day of	·,
THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH application to the Cuyahoga County Board of Health for a Certi in the business of plumbing in the communities within the health Health, Cuyahoga County, Ohio, during the calendar year of 20 with the provisions of the Cuyahoga County Board of Health Pl	ficate of Registration as a contractor to engage h jurisdiction of the Cuyahoga County Board of 020, ending December 31, 2020, in accordance
NOW THEREFORE, if the said PRINCIPAL shall faithfully observed obligations incurred by him/her during said registration period of <i>Plumbing Regulation</i> and all applicable codes and regulations of <i>Plumbing Code</i> , applying to the construction, alterations, repair remodeling of any plumbing within a building, structure, or approbligation shall be void, otherwise, the same shall be and rema agreeing and consenting that this undertaking shall be for the bear PRINCIPAL'S failure to comply with the obligations, duties, territhe applicable codes and regulations of the Cuyahoga County I described above, applying to such work and the lawful orders of under such codes and regulations. Either the Cuyahoga County may bring action on this bond, but said action must be commer PRINCIPAL'S registration.	Inder the Cuyahoga County Board of Health of the State of Ohio, inclusive of the Ohio, addition to, subtraction from, reconstruction or urtenance thereto, or any part thereof, then this in in full force and effect; the undersigned benefit of any party damaged by the ms, conditions, provisions and requirements of Board of Health and the State of Ohio, as of the Cuyahoga County Board of Health issued ty Board of Health, or any injured party, or both,
PRINCIPAL:	SURETY:
Signature of Contractor	Power of Attorney Signature
Printed Name	Printed Name
Street Address	Street Address
City, State, Zip	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	(SEAL – required to be placed in this location)

(Updated 11/21/19)

business in Ohio must, likewise, be attached hereto.