

Plumbing Contractor Registration Bond

| KNOW ALL MEN BY THESE PRESENTS, that | doing |
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| business as principal, hereinafter referred to as the PRINCIPAL, and surety, hereinafter referred to as the SURETY, are held and firmly bound unto the Cuyahoga County Bound Health, in the sum of Twenty-five Thousand Dollars (\$25,000) for payment of which, well and truly to be we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, first these presents. | |
| Witness our hand and seals thisday 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 healt Health, Cuyahoga County, Ohio, during the calendar year of 20 with the provisions of the <i>Cuyahoga County Board of Health Planta</i> | ficate of Registration as a contractor to engage th jurisdiction of the Cuyahoga County Board of 026, ending December 31, 2026, in accordance |
| NOW THEREFORE, if the said PRINCIPAL shall faithfully observed obligations incurred by him/her during said registration period up Plumbing Regulation and all applicable codes and regulations of Plumbing Code, applying to the construction, alterations, repair remodeling of any plumbing within a building, structure, or appurous obligation shall be void, otherwise, the same shall be and remain agreeing and consenting that this undertaking shall be for the bear PRINCIPAL'S failure to comply with the obligations, duties, term the applicable codes and regulations of the Cuyahoga County 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 commented. | Inder the Cuyahoga County Board of Health of the State of Ohio, inclusive of the Ohio, addition to, subtraction from, reconstruction or artenance 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 by 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 10/28/25)

business in Ohio must, likewise, be attached hereto.