

**CITY OF NORTH ROYALTON, OHIO  
PERFORMANCE BOND (NRCO § 1444.09)**

Ord. 05-26  
Exhibit A

That, \_\_\_\_\_, as Principal, (“CONTRACTOR”), and \_\_\_\_\_, as Surety, (“SURETY”), are held and bound unto the City of North Royalton, (“NORTH ROYALTON”), for the benefit of any person, firm, or corporation with whom the CONTRACTOR contracts and who suffer damage as a result of a breach or residential or commercial construction or remodeling contract through work done or work omitted or not performed by CONTRACTOR, for any and all improvements, in accordance with the laws and regulations of the State of Ohio and of NORTH ROYALTON, in the amount of \$ \_\_\_\_\_, for the payment of which we, CONTRACTOR and SURETY, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally.

This bond is payable for damage sustained on account of the failure of CONTRACTOR to perform such contracted improvements in accordance with the laws of the State of Ohio, (“OHIO”), and the provisions and the requirements of the Rules, Regulations, Laws, and Ordinances of NORTH ROYALTON, or by reason of or on account of such failure of CONTRACTOR pursuant to any permit issued by NORTH ROYALTON under such Certificate of Registration for such contracted improvements.

The conditions of the above obligation are such that, CONTRACTOR has applied to the Building Commissioner of NORTH ROYALTON for a Certificate of Registration as a \_\_\_\_\_ Contractor in NORTH ROYALTON for the year ending December 31, \_\_\_\_\_.

Now, therefore, if CONTRACTOR shall faithfully perform the duties and in all things comply with the laws and regulations of OHIO and NORTH ROYALTON, including all amendments thereto, pertaining to the license or permit applied for, then this obligation is void, otherwise to remain in full force and effect.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal (Signature)

\_\_\_\_\_  
Surety (Signature)

\_\_\_\_\_  
Principal (Type or Print Name)

\_\_\_\_\_  
Attorney-in-Fact

\_\_\_\_\_  
Address of Principal

\_\_\_\_\_  
Address of Surety

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

**(ABOVE INFORMATION MUST BE COMPLETED IN FULL)**