



DPS

**Montgomery County
Department of Permitting Services**

255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240)777-0311
Fax: (240)777-6262
<http://www.montgomerycountymd.gov/permittingservices>



Requirements for Completing Performance Bond Standard Form

In order to clarify procedures for completing application and bond forms, the following checklist has been developed. Your cooperation in the use of this guide will help expedite processing of performance bonds. **Any** modification to this form will require review and approval by the County Attorney's office.

1. Full name of person(s), company, corporation or partnership submitting application for permit
2. Name of the insurance company preparing the bond documents
3. State in which the insurance company is incorporated
4. The bond amount spelled out - Example: Two-Thousand-Three Hundred Dollars - (\$2,300.)

The applicant must sign the application for the permit and the bonding document. Names on the application and the bond **MUST** correspond.

If the applicant is a corporation, the person signing must hold the office of president or vice-president. Their signature is to be attested to by the secretary or assistant secretary. All signatures must have a printed or typewritten name beneath and indicate the title of the office held by that person.

The signature of an individual as Permittee on a bond must have the word "(SEAL)" or "(L.S.)" *immediately* after the signature.

The bond language shall correspond to wording approved by the County Attorney's Office. Sample forms are available at the Department of Permitting Services

The bonding company must be licensed to write bonds in the state of Maryland.



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PERFORMANCE BOND	<input type="checkbox"/> Demolition		Permit No:
	<input type="checkbox"/> Right-of-Way		Track No:
	<input type="checkbox"/> Sediment Control		

KNOW ALL MEN BY THESE PRESENTS, that we _____
_____ Hereinafter called PERMITTEE, and _____
_____, a corporation incorporated under the laws of the State of _____, hereinafter called SURETY,
are firmly bound unto Montgomery County, Maryland ("THE COUNTY") in the sum of _____
_____ (\$ _____) Dollars, to be paid to
THE COUNTY or its assigns, upon the conditions set forth below. This bond is binding on ourselves, our personal representatives, successors, and
assigns, jointly and severally.

WHEREAS, it is a condition of approval and issuance of the permit referenced above that a bond or other instrument be issued for the benefit of THE COUNTY, guaranteeing performance of the work described in the permit and as may be required by law.

NOW THEREFORE, the condition of this obligation is such that, providing that the PERMITTEE shall perform all work according to the stated terms and conditions of the above referenced permit, and comply with all requirements of law, then this obligation shall be null and void. But in the event that the PERMITTEE fails to complete the work in accordance with the terms and conditions of the permit and applicable law, then upon written notice of default from THE COUNTY or its designee to the PERMITTEE and the SURETY, the SURETY shall promptly take one of the following actions:

- 1) Undertake to complete or correct the work or arrange for its completion or correction at its sole expense; or
- 2) Pay the county to complete or correct the work up to the full penal sum of the bond.

If the SURETY does not respond within ten business days after receiving the COUNTY's notice of default, the COUNTY shall be entitled to enforce any remedy available to the COUNTY, including completing or correcting the work and seeking reimbursement from the SURETY, up to the full penal sum of the bond.

SEALED WITH OUR RESPECTIVE SEALS AND DATED THIS _____ DAY OF _____, 20_____.

ATTEST:	
_____ Witness Signature	_____ Permittee Signature (If Corporation, must be signed by President)
_____ Witness (printed name & title)	_____ Permittee (printed name)
	_____ Title

Insurance Company/Address/Phone/Fax/E-Mail:	_____ Name of Surety
	_____ Bond Number
_____ Agency/Address/Phone/Fax/E-mail:	_____ Attorney-in-Fact Signature
	_____ Attorney-in-Fact (printed name)

Ver.02/2010
Form Correct _____

This form has been approved as to form and legality by the Office of the County Attorney. This form may not be modified without the approval of the Office of the County Attorney

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