

PERFORMANCE BOND

Know All Persons By These Presents That We, Developer

_____ and name of Insurance Company

(Blank if not using one) _____ are held firmly bound to the Board of County Commissioners of Butler County, Ohio, in the penal sum of \$amount of bond to the payment of which sum well and truly to be made, we do bind ourselves, our heirs, executors and administrators, jointly and severally, by these presents.

Signed by us and dated at Hamilton, Ohio, this _____ day of _____ 20 _____ .

WHEREAS, the obligors have presented for approval to the Board of County Commissioners of Butler County, Ohio; a plat of a subdivision of lots and lands to be known as _____ Subdivision in Section _____, Town _____, Range _____, Township of _____, Butler County, Ohio:

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH that if the above bound Developer name and Insurance Company (Blank if not using insurance company), subdividers, shall cause the improvements to be completed in said Subdivision in accordance with the rules and regulations concerning platting, and the amendments thereto, adopted by the Board of County Commissioners of Butler County, Ohio, and with the plans and specifications of the Butler County Engineer, and shall maintain and keep in repair the required improvements for a period of one (1) year from the date the improvements are constructed and approved by the said Butler County Engineer.

Cash bond in the sum of \$Blank if not using cashier's check posted. SEE FOOTNOTE "A"

The following described real estate shall be subject to the conditions of this obligation and shall be liable to execution for failure of performance of any of its conditions:

If Subdividers shall faithfully and fully perform the above conditions, then this obligation shall be void, otherwise to remain in full force and virtue in law.

Executed in presence of:

Developer Name & Address

Witness

Witness

Signature

Bond Accepted:

_____, 20 _____

THIS BOND PREPARED BY: _____

FOOTNOTE "A"

IN THE EVENT OF A CASH BOND PLEASE IDENTIFY TWO AUTHORIZED REPRESENTATIVES WHO MAY ACCEPT CHECK REIMBURSEMENT, UPON BOND CANCELLATION, FROM THE COMMISSIONERS OFFICE.

PLEASE PRINT NAME.
