



DIVISION OF  
PLAN REVIEW & PERMITTING

**BOARD OF COUNTY COMMISSIONERS OF WASHINGTON COUNTY, MARYLAND  
TWO YEAR DRIVEWAY/ROAD WIDENING PERFORMANCE BOND**

Amount \$ \_\_\_\_\_ Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: THAT, \_\_\_\_\_  
(Principal)

of \_\_\_\_\_  
(City) (State) (Zip Code)

as Principal, and \_\_\_\_\_  
(Bonding Company)

a Corporation duly licensed to do business in the State of \_\_\_\_\_, as Surety, are held and firmly bound unto the Board of Washington County Commissioners of the State of Maryland, as Obligee, in the amount of \_\_\_\_\_ for payment whereof Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns jointly and severally firmly by these presents;

WHEREAS, the Principal has made application for a permit to construct an apron twenty-five feet (25') back from the center line of \_\_\_\_\_  
(County Road Name)

and road widening of \_\_\_\_\_ road, as shown on the approved road widening plan on file in the Washington County Plan Review Department, during a two year period from \_\_\_\_\_, 20 \_\_\_\_\_ thru \_\_\_\_\_, 20 \_\_\_\_\_.

WHEREAS, The Board of County Commissioners of Washington County, Maryland has granted a permit for such construction, being Permit No. \_\_\_\_\_, dated \_\_\_\_\_, 20\_\_\_\_, upon certain terms and conditions as set forth in said permit;

NOW, THE CONDITION OF THE FOREGOING OBLIGATION is such that if the above bounden Principal shall in all respects comply with the terms and conditions thereunder, and shall perform all the acts by him to be performed thereunder and within the time limits set forth therein, then the above obligation to be void and of no effect; otherwise, it shall remain full force and effect.

WHEREAS, if the Principal does not complete the said work within two (2) years, the County Commissioners may make claim on the Bond in effect for completion of the work.

THIS BOND can ONLY be cancelled/released by the Board of County Commissioners through the Washington County Permitting Department.

Signed and Sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

AS TO PRINCIPAL:  
\_\_\_\_\_  
(Signature)

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

AS TO SURETY:  
\_\_\_\_\_  
(Signature) (Seal)

AGENT NAME AND ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Rev: 09/05/2018