

**LAND AND DRAINAGE ALTERATION PERMIT
PERFORMANCE BOND**

KNOWN ALL MEN BY THESE PRESENTS:

That we, _____ as Principal(s), and _____, a Corporation organized and doing business under and by virtue of the laws of the State of Oregon and duly licensed to conduct a general surety business in the State of Oregon, as Surety, are held and firmly bound unto City of Springfield, Oregon as Obligee in the sum of _____ (\$ _____) dollars for which payment, well and truly to be made, we bind ourselves, our heirs, executors and successors, jointly and severally firmly by these presents.

THE CONDITIONS OF THE OBLIGATION IS SUCH THAT:

WHEREAS, the above named Principal(s), as a condition of the Pre-Approval Land Drainage and Alteration Permit (LDAP) for development of Case Number _____, City of Springfield Project Number _____ entered into an agreement with said Obligee to complete the improvements specified in said Permit within a time frame stipulated in the Permit.

NOW THEREFORE, the condition of this obligation is such, that if the above Principal shall well and truly perform said agreement during the original term thereof or of any extension of said term that may be granted by the Obligee with or without notice to the Surety, this obligation shall be void, otherwise it shall remain in full force and effect.

IN WITNESS WHEREOF, the seal and signature of said Principal(s) is hereto affixed and the corporate seal and the name of the said Surety is hereto affixed and attested by its duly authorized Attorney-in-fact at _____, this _____ day of _____, 20____ .

PRINCIPAL(S)

SURETY

Principal Business Name – if applicable *(please print)*

Surety Business Name *(please print)*

Name of Principal *(please print)*

Name of Surety Representative *(please print)*

Title *(please print)*

Title *(please print)*

Signature of Principal

Signature of Surety Representative

Address *(please print)*

Address (principal place of business, *please print*)

City, State, Zip

City, State, Zip

Telephone Number: () _____

Telephone Number: () _____

Cell Number: () _____

Cell Number: () _____

E-mail Address: _____

E-mail Address: _____

PRINCIPAL(S)

Principal Business Name – if applicable *(please print)*

Name of Principal *(please print)*

Title *(please print)*

Signature of Principal

Address *(please print)*

City, State, Zip

Telephone Number: ()

Cell Number: ()

E-mail Address:

For information only: Name, Address, Telephone and Fax Numbers of:

Owner's Representative (Architect, Engineer or other party)

Name *(please print)*

Address *(please print)*

City, State, Zip

Telephone Number: ()

Cell Number: ()

E-mail Address:

Agent or Broker

Name *(please print)*

Address *(please print)*

City, State, Zip

Telephone Number: ()

Cell Number: ()

E-mail Address: