



Mecklenburg County
Land Use & Environmental Services
Attention: Revenue Collection
www.meckpermit.com

Account #

LAND USE and CONSTRUCTION SURETY BOND

Consult instructions for completion

You may type in the blue fields, print the form, sign and fax to us.

PRINCIPAL INFORMATION	SURETY INFORMATION
Name:	Name:
D.B.A.:	
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone: Pager:	Phone:
Fax: Cell:	Fax:
E-mail Address:	E-mail Address:
Business License #	
State Contractor License #s:	Bond #:

State of North Carolina
 County of Mecklenburg

KNOW ALL MEN BY THESE PRESENTS that we, _____,
 (Principal Name)

as Principal and _____, as Surety, are held and firmly bound unto the County of
 (Surety Name)

Mecklenburg in the sum of \$ _____ (_____ .00) _____ to the
 payment of which Principal and Surety hereby jointly and severally bind themselves, their respective heirs, executors,
 successors, administrators and assigns.

Whereas, the said Principal is engaged in a land development and/or construction business within Mecklenburg County;
 and

Whereas, the above named Principal has applied for and is about to have issued by Mecklenburg County an Account which
 will include all charges (including permit fees and other amounts charged by Principal to the Account **and** penalties and
 additional charges which might be levied against Principal for violations of land development rules, ordinances and
 regulations or charged to Principal in connection with such rules, ordinances or regulations) associated with all land
 development regulatory matters engaged in by Principal in Mecklenburg County (unless covered by another more specific
 bond for certain development activities), including, but not limited to, Building Code matters, subdivision matters, storm
 water matters, soil erosion and sedimentary control matters, both City of Charlotte and County fire marshal matters,
 NESHAP Air Quality matters, Planning Commission matters, City Engineering matters, and County environmental health
 matters; and

Whereas, there have been promulgated by Mecklenburg County certain rules and regulations for the issuance of such an
 Account that require that amounts charged to said Account be guaranteed by the Principal and a Surety, or guaranteed by a
 cash bond; Bond forms change; this is for educational purposes only

Principal Name: _____

Surety Bond #: _____

Now, therefore, the condition of this obligation is such that if said Principal and said Surety shall well and truly pay to Mecklenburg County all amounts charged to said Account, and all legal expenses and costs Mecklenburg County may incur to collect any unpaid amounts, then this obligation is to be null and void, otherwise to be in full force and effect.

It is expressly understood that this bond may be canceled by the Surety upon thirty (30) days notice by filing with Mecklenburg County written notice to so cancel. From and after the date of cancellation, no further amounts may be charged by Principal to the Account covered by the Surety. However, both Principal and Surety will be responsible for payment of all amounts charged by Principal to the Account prior to the date of cancellation **as well as** penalty amounts charged to the Account (both before and after the date of cancellation) because of Principal's violation of land development rules, ordinances and regulations with respect to land development activities undertaken and permits issued prior to the date of cancellation. Therefore, this Bond will remain in effect (even after the date of cancellation) until either (i) the Account has a zero dollar (\$0) balance **and** all permits issued to Principal between the time the bond was issued and date of cancellation have been closed, or (ii) a substitute bond has been provided by Principal to cover those liabilities and contingent liabilities.

This the _____ day of _____, _____.

<p>Are you an OWNER/OCCUPANT constructing a new residence on your own property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Witness to Principal	Principal Signature
Witness to Surety	Valerie Aber Attorney-In-Fact (Surety) (Surety Seal)

AGENT INFORMATION: (may attach card)

AGENT NAME:
COMPANY NAME:
ADDRESS:
PHONE:
FAX:

sbond.frm (MB) 6/04

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____
NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM