

COUNTY OF JAMES CITY, VIRGINIA

SUBDIVISION BOND

Bond No. _____

KNOWN ALL MEN BY THESE PRESENTS: That we _____

as Principal, and _____,

a _____ corporation,

authorized to transact business in the Commonwealth of Virginia, hereinafter called Surety, are held and firmly bound unto the County of James City, Virginia, a Political Subdivision, as Obligee in the penal sum of _____ (\$ _____) lawful money of the United States, for payment of which, well and truly made, the said Principal and Surety bind themselves, their respective heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has received approval for recordation of the plat of the subdivision known as _____

County of James City, Virginia, dated _____, and has entered into an agreement with the County of James City, dated _____, providing for the installation of certain improvements in said subdivision.

NOW, THEREFORE, the condition of the obligation is such that, if the Principal shall satisfactorily complete the subdivision improvements in accordance with the plans approved by and on file with the County of James City, and the aforesaid agreement, and in accordance with the Subdivision Ordinance of the County of James City, Virginia, and shall fully indemnify and save harmless the Obligee from all costs and damages which the Obligee may suffer by reason of the Principal's failure to do so, then this obligation shall be void; otherwise, to remain in full force and effect.

PROVIDED FURTHER, that this is a continuous bond and the Surety hereby waives notice of any extension hereunder granted by Obligee to Principal.

IN WITNESS WHEREOF, the Principal and the Surety have caused their respective names to be hereunto subscribed and their seals to be hereunto affixed, this ____ day of _____ 20____, duly authorized.

(Impress Corporate Seal here
if applicable)

Principal: _____

By: _____

ATTEST:

Title: _____

By _____

(Impress Surety's Seal here)

Surety: _____

Witness

By: _____
Attorney in Fact

Name & Address of Virginia Resident Agent

Address of Home Office

POWER OF ATTORNEY MUST BE ATTACHED

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