



North & East Lubbock Investment, Inc. (NELI, Inc.)
P.O. Box 3893 Lubbock, TX. 79452
Phone: (806) 747-5937 Fax: (806) 747-5934
mc_nelcdc@outlook.com or monique@nelcdc.org
Parkway Place Tax ID: 26-4580355
NELI, Inc. Tax ID: 26-2315661

Contractor Application for Work Approval – Parkway Place, LLC



The Parkway Place Plaza is managed by the corporate for-profit entity North & East Lubbock Investment, Inc. (NELI, Inc.), which is owned outright by the North & East Lubbock CDC. NELI, Inc. is also partial owner of the Parkway Place Plaza. The relationships between the managing partner and all Parkway Place Plaza tenants are specified in the terms and conditions of each lease agreement executed by the leasing tenant and the landlord. When work is performed at Parkway Place, the lease is reviewed to determine if the scope of work falls within the Tenant or Landlord's scope of responsibilities. This contractor application for work approval is designed to document and clearly specify all expectations for work performed by contractors at Parkway Place. The lease agreement should be reviewed before any maintenance, improvement, modification, or alteration is performed within, above, abutting, or adjacent to any tenant space. Note: the landlord(s)/managing partner has the discretion to approve, deny, support or contribute, partially or completely, to any improvements or renovations performed at Parkway Place that are not required by the terms of the lease agreement. **Please complete the application below and submit the application to Monique Coleman for approval before work begins.**

North & East Lubbock CDC
Office located in the Lubbock Housing Authority (LHA)
1708 Crickets Ave. Lubbock, TX. 79401
Main Phone Line: (806) 747-5937
Executive Director Line: (806) 747-1505
Fax Line: (806) 747-5934
Monique Coleman Email: mc_nelcdc@outlook.com

Please send all billing and/or correspondence to:
Parkway Place Lubbock, LLC
C/O: North and East Lubbock CDC
P.O. Box 3893
Lubbock, TX. 79452

If Monique Coleman is unavailable, please contact Camille McCoy, NELCDC Administrative Assistant at (806) 747-5937 or assistant_nelcdc@outlook.com for further assistance.

Please note the North & East Lubbock Community Development Corporation ("NELCDC"), via North & East Lubbock Investment, Inc. is the managing partner of Parkway Place Lubbock, LLC. As managing partner, NELCDC staff may be involved in the facilitation or execution of contracts, agreements, functions and/or activities pertaining to Parkway Place Lubbock, LLC

SUBMIT TO: NELCDC (on behalf of Parkway Place) 1708 Crickets Ave. Lubbock, TX 79401	<h2 style="margin: 0;">Parkway Place Lubbock, LLC</h2> <h3 style="margin: 0;">Contractor Application for Work Approval</h3>	
CONTACT PERSON: Monique Coleman, Executive Director or her designee	TENANT (LOCATION) WHERE WORK WILL BE PERFORMED:	
TEL: 806.747.5937 FAX: 806.747.5934 mc_nelcdc@outlook.com	DATE OF WORK TO BE PERFORMED:	COST OF WORK:
Applicant/Business Name:	Provide copies of the following before work begins: 1. <input type="checkbox"/> Insurance Certificate 2. <input type="checkbox"/> Copy of License 3. <input type="checkbox"/> Project Scope (location, linear footage, drawings) 4. <input type="checkbox"/> W-9 (if applicable) Is Your Business Registered with the City? <input type="checkbox"/> YES <input type="checkbox"/> NO Is a city permit required for work to be performed? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____ _____ _____ _____ REQUIRED: If yes, provide a copy of the permit before work begins. <div style="border: 1px solid black; background-color: #cccccc; padding: 10px; text-align: center;"> APPLICATION RECEIPT & APPROVAL: </div>	
Mailing Address:		
City – State – Zip:		
Telephone:		
Fax:		
E-Mail:		
Federal Tax ID:		
List Any Applicable License And/or Insurance Certificate(s). List Numbers Below And Provide Copies Of All Referenced Documents. _____ _____ _____ _____ _____ _____ _____ _____		

DESCRIBE THE WORK TO BE PERFORMED (include activity/work and cost). ADDITIONAL ATTACHMENTS MAY BE PROVIDED FOR SUPPORTING DOCUMENTATION.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

By my signature, I certify that the information stated herein is accurate and correct.

 Authorized Signature Title

 Print/Type Name Date

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