

# PROJECT TEAM FORM

Submittal Date: June 28 2022

The Project Team Form is to be submitted with each stage of review. If no changes to the Project Team have occurred since the last stage of review, a copy of the previously submitted Form may be submitted with an updated Submittal Date.

**ATTORNEY** *This entity should be copied on all project correspondence*  YES  NO

Name: \_\_\_\_\_

Name of Primary Contact (if attorney is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ENGINEER** *This entity should be copied on all project correspondence*  YES  NO

Name: \_\_\_\_\_

Name of Primary Contact (if engineer is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SURVEYOR** *This entity should be copied on all project correspondence*  YES  NO

Name: \_\_\_\_\_

Name of Primary Contact (if surveyor is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**LANDSCAPE ARCHITECT** *This entity should be copied on all project correspondence*  YES  NO

Name: \_\_\_\_\_

Name of Primary Contact (if landscape architect is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ARCHITECT** *This entity should be copied on all project correspondence*  YES  NO

Name: John MASSON

Name of Primary Contact (if architect is an organization): AZZINARO Architects Associates

Address: 108 Airport Rd Suite #204 Westerly RI 02891

Phone: 401 596-6669 Email: info@AZZINARODARSONARCHITECTS.COM

**OTHER** *This entity should be copied on all project correspondence*  YES  NO

Name: \_\_\_\_\_

Role on Project: \_\_\_\_\_

Name of Primary Contact (if entity is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

RECEIVED IN  
PLANNING DEPARTMENT

JUN 28 2022

TOWN OF  
SOUTH KINGSTOWN, RI

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