

# PROJECT TEAM FORM

Submission Date: \_\_\_\_\_

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 Submission Date.

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

Name: KENYON LAW

Name of Primary Contact (if attorney is an organization): STEVE KENYON

Address: 133 OLD TOWER HILL Rd WAKEFIELD

Phone: 401 789 0217 Email: SBK@KENYONLAWYERS.COM

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

Name: AMERICAN ENGINEERING

Name of Primary Contact (if engineer is an organization): MATT COTTA

Address: 400 SOUTH COUNTY TR STE A201 EXETER RI 02822

Phone: 401 640 4274 Email: dcotta@americanengineeringri.com

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

Name: AMERICAN ENGINEERING

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: MATHER PAGE

Name of Primary Contact (if landscape architect is an organization): LISA FRAZIER

Address: 135 W AILANTON Rd NORTH KINGSTOWN RI 02852

Phone: 401 598 6848 Email: LISA@MATHERPAGE.COM

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

Name: FRANK KARPOWITZ

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

Address: 26 SOUTH COUNTY COMMONS WAY UNIT A5 WAKEFIELD RI

Phone: 401 782-4604 Email: Frank@FKarchitects.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

JUL 10 2023

TOWN OF  
SOUTH KINGSTOWN