

PROJECT TEAM FORM

Submittal Date: 5/23/23

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: James Callaghan
Name of Primary Contact (if attorney is an organization): _____
Address: 3 Brown St. Wickford, RI 02852
Phone: 401-294-4555 Email: james@callaghanlawri.com

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: East Greenwich Surveyor's LLC.
Name of Primary Contact (if surveyor is an organization): Kirk Andrews
Address: 1050 Main St. Suite 31 East Greenwich, RI 02818
Phone: 401-339-2681 Email: kandrews1684@aol.com

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: _____
Name of Primary Contact (if architect is an organization): _____
Address: _____
Phone: _____ Email: _____

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: _____