

**PROJECT TEAM FORM**

Submittal 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 Submittal Date.

**ATTORNEY**

This entity should be copied on all project correspondence  YES  NO

Name: CALLAGHAN & CALLAGHAN

Name of Primary Contact (if attorney is an organization): JAMES CALLAGHAN

Address: 3 BROWN ST WICKFORD, RI 02852

Phone: (401) 294-4555 Email: JAMES@CALLAGHANLAWRI.CO

**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 ALLENTON 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: \_\_\_\_\_