

# PROJECT TEAM FORM

Submittal Date: 11/27/2024

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: Blais Title & Escrow

Name of Primary Contact (if attorney is an organization): Mike Schein

Address: 185 Tower Hill Rd North Kingstown RI 02852

Phone: 401-667-4888 Email: mike@blaisitle.com

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

Name: South County Design Group

Name of Primary Contact (if engineer is an organization): Ken Hayes

Address: 375 Oakwoods Dr Wakefield RI 02879

Phone: 401-261-4114 Email: southcountymdesigngroup@cox.net

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

Name: Frisella-Balch & Associates

Name of Primary Contact (if surveyor is an organization): Jeff Balch

Address: 33 N Rd, Ste C-201, Wakefield, RI 02879

Phone: 401 783 5949 Email: jbalch@frisella.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: \_\_\_\_\_