

PROJECT TEAM FORM

Submittal Date: 10/3/24

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: DOWDELL ENGINEERING ASSOCIATES, LLC
Name of Primary Contact (if engineer is an organization): MARK DOWDELL, PE
Address: PO BOX 1684, CHARLESTOWN, RI 02813
Phone: 401-364-1027 Email: M.L.DOWDELL@GMAIL.COM

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

Name: RICHARD COUCHON, PLS (DOWDELL ENGINEERING)
Name of Primary Contact (if surveyor is an organization): _____
Address: SAME AS ENGINEER
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: _____
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: _____