

PROJECT TEAM FORM

Submittal Date: 6/17/20

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: Not yet determined
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: DiPrete Engineering
Name of Primary Contact (if engineer is an organization): Dave Russo
Address: 2 Stafford Ct, Cranston, RI 02920
Phone: (401) 943-1000 Email: drusso@diprete-eng.com

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

Name: DiPrete Engineering
Name of Primary Contact (if surveyor is an organization): Dave Russo
Address: 2 Stafford Ct., Cranston, RI 02920
Phone: 401.943.1000 Email: _____

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

Name: John C. Carter Co.
Name of Primary Contact (if landscape architect is an organization): Daniel Carter
Address: 960 Boston Neck Road, Narragansett, RI 02882
Phone: 401.783.3500 Email: _____

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

Name: DLR Dimensions, Inc.
Name of Primary Contact (if architect is an organization): David Rignanese
Address: 612 Greenwich Avenue, Warwick, RI
Phone: 401.738.3156 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: _____