

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: _____

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: Principe Engineering, Inc.

Name of Primary Contact (if engineer is an organization): Josh Rosen, P.E.

Address: 27 Sakonnet Ridge Drive Tiverton, RI

Phone: 401-219-0161 Email: josh@principeengineering.com

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

Name: National Land Surveyors

Name of Primary Contact (if surveyor is an organization): Norbert Therien

Address: 42 Hamlet Avenue Woonsocket, RI 02985

Phone: 401-769-7779 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: John DAgostino

Role on Project: Owner/Applicant

Name of Primary Contact (if entity is an organization): _____

Address: _____

Phone: 401-741-3569 Email: johndagostino79@yahoo.com