

# 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 02878

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

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

Name: E. Greenwich Surveyors

Name of Primary Contact (if surveyor is an organization): Kirk Andrews

Address: 1050 Main Street Suite 31 East Greenwich, RI 02818

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: \_\_\_\_\_