

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: _____

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

Address: _____

Phone: _____ Email: _____

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

Name: Christopher G. Palmer PLS

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

Address: 66 Falcon Ridge Drive Exeter RI 02822

Phone: 401-474-5233 Email: palmerc6@gmail.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: Wendy Hosley

Role on Project: Owner in trust

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

Address: 109 Kickapoo Run Charlestown, RI 02813

Phone: 401-932-0176 Email: whosley69@gmail.com