

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: Steven Pinch

Name of Primary Contact (if surveyor is an organization): Pinch Land Surveying

Address: PO Box 352 Wakefield, RI 02879

Phone: 401-789-8087 Email: pinchsurveying@verizon.net

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: _____

RECEIVED IN
PLANNING DEPARTMENT

OCT 29 2020

TOWN OF
SOUTH KINGSTOWN, RI