PROJECT TEAM FORM

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: ____________________________________________________________
Name of Primary Contact (if surveyor is an organization): _______________________
Address: ___________________________________________________________
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
Name: John Massey
Name of Primary Contact (if architect is an organization): AZZINARO Architects Associates
Address: 108 Airport Rd Suite #204 Westerly RI 02891
Phone: 401-596-6669 Email: info@azzinaroarchitects.com

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

TOWN OF SOUTH KINGSTOWN PLANNING BOARD