

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: Jackson Surveying, Inc.

Name of Primary Contact (if surveyor is an organization): Charee M. Jackson, PE, PLS

Address: P.O. Box 454, Charlestown, RI 02813

Phone: 401-364-3130 Email: Jacksonsurveying@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: _____