

PROJECT TEAM FORM

Submittal Date: 11-3-2023

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: Northeast Engineers & Consultants, Inc.

Name of Primary Contact (if engineer is an organization): Geralyn Small, PE

Address: 6 Valley Road, Middletown, RI 02842

Phone: 401-849-0810 Email: lyns@northeastengineers.com

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

Name: South County Survey Co.

Name of Primary Contact (if surveyor is an organization): James Calderone, PLS

Address: 382B Main Street, Wakefield, RI 02879

Phone: (401) 783-2300 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: PWCampbl

Name of Primary Contact (if architect is an organization): Jason Straley

Address: 109 Zeta Drive, Pittsburgh, PA 15328

Phone: (412)963-0100 x329 Email: Jason.Straley@PWCampbell.com

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

Name: Pare Engineering

Role on Project: Traffic Engineer

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

Address: 8 Blackston Valley Place, Lincoln, RI 02865

Phone: 401.334.4100 Email: jshevlin@parecorp.com