

PROJECT TEAM FORM

Submittal Date: 10/29/2019

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: John KENYON

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

Address: 133 OLD TOWER HILL Rd WAKEFIELD RI

Phone: 789-0217 Email: JFK@KENYONLAWYERS.COM

ENGINEER This entity should be copied on all project correspondence YES NO

Name: Josh Rosen

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

Address: 274 C Shannock Rd Wakefield

Phone: 401 219-0161 Email: JOSH@PRINCIPEENGINEERING.COM

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

Name: KIRK ANDREWS

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

Address: 1050 MAIN ST EG RI 02818

Phone: 884-3400 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: FRANK KARPOWICZ

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

Address: 26 SOUTH COUNTY COMMONS WAY UNIT A5 WAKEFIELD RI 02879

Phone: 782-4604 Email: FRANK@FKARCHITECTS.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

OCT 29 2019

TOWN OF
SOUTH KINGSTOWN, RI

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