PROJECT TEAM AND CONTACT LIST

Facility: _____

Date: _____ **LEA:** _____

State Project #: _____

Name	Title/Firm	Phone	E-mail
Owner			

Owner's Representative/Project Manager (Consultants, not staff)			

Design Team				
	A/E Principal			
	A/E PM			
	Landscape			
	Environ. Cons.			
	Interior Designer			

General Contractor/Construction Manager at Risk			

Town Code Officials	**Jurisdiction:**		
	Building Inspector		
	Fire Marshal		
	Health Inspector		
	ADA 504 Coordinator		

Others			

G: Drive/SFUDOC/Website/Plan Review Procedures and Forms/SCG-3000.Project Team List.pdf.