

**PROJECT TEAM CONTACT LIST**

**Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State Project No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FORM SCG-3000**

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| --- | --- | --- | --- |
| **Name** | **Title/Firm** | **Phone** | **E-mail** |

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| **Owner** |

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| **Owner’s Representative/Project Manager (Consultants)** |

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| **Design Team** |

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|  | Architect - PM |  |  |  |
|  | Architect - PA |  |  |  |
|  | Landscape Arch. |  |  |  |
|  | Civil Engineer |  |  |  |
|  | Mech. Engineer |  |  |  |
|  | Elec. Engineer |  |  |  |
|  | Technology |  |  |  |
|  | Environ. Cons. |  |  |  |
|  | Int. Designer |  |  |  |
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| **Construction Manager / General Contractor** |

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| **Town Code Officials Jurisdiction:** |

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|  | Building Inspector |  |  |
|  | Fire Marshal |  |  |
|  | Health Inspector |  |  |
|  | ADA 504 Coordinator |  |  |
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| **Others** |

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