

Office of Smart Growth



Smart Growth Space Approval Request - SPR Part 2

Department:						
	Division:		Bureau:			
	Office:		Program:			
Contact Person:	First		Last			
	Line 1		Line 2			
	City		ZIP			
	Phone ()	- Ext.	Email			
Present Location of Agency/Program:						
Brief Program Description:						
Date Required:	January ▼ 1 ▼ 20					
Reason for Specific Date:						
Geographic Area Served by Program:	□ Statewide County					
(Check all that apply)	☐ Atlantic	☐ Glouceste	-	☐ Ocean		
	☐ Bergen	Hudson		☐ Passaic		
	☐ Burlington	☐ Hunterdor	1	☐ Salem		
	☐ Camden			☐ Somerset		
	☐ Cape May			☐ Sussex		
	☐ Cumberland	☐ Monmouth	า	☐ Union		
	☐ Essex	☐ Morris		☐ Warren		
Municipalities:						
Preferred Location(s):				A		
	Smart Growth Are Consult the HMFA Sma		○ Yes o determine Si	○ No mart Growth Area Status.		
Number of:	Staff assigned to Locati	ion				
	Visitors accommodated	l per day				



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Reason for	O 1. Lease Expiration						
Request:		Municipality/Preferred Location					
	\circ	2. Existing Lease Renewal Option					
	\odot	3. Request for Additional Space (Same Location)					
	\odot	4. Request for New Requirement					
		Municipality/Preferred Location					
Questions? C	ontact	t Darcy Horner at (609) 633-7731 or <u>dar</u>	cy.horner@dca	n.state.nj.us		
OSG	⊙ Ар	proved		O Disa	approved		
Comments	Planning Area Impacted by Request						
		Metropolitan	Environ. Sens.	Water			
		Suburban	Env. Sens./B.I.	Military			
		Fringe	Park	Center?			
		Rural	Meadowlands	Yes			
		Rural/Env. Sens.	Pinelands	No			
	Comments						