



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:
(Check all that apply)

Statewide
 County

- | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Ocean |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Hudson | <input type="checkbox"/> Passaic |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Salem |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Mercer | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Cape May | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Sussex |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Union |
| <input type="checkbox"/> Essex | <input type="checkbox"/> Morris | <input type="checkbox"/> Warren |

Municipalities:

Preferred Location(s):

Smart Growth Area? Yes No

Consult the [HMFA Smart Growth Locator](#) to determine Smart Growth Area Status.

Number of: Staff assigned to Location

Visitors accommodated per day

