

**SPACE PLANNING REQUEST  
APPROVAL FORM**

**SPR PART 1**

**Department:**

**Space Planning Request  
Department of Treasury, DPM&C Office of Planning, Programming & Budgeting  
Certifications & Approvals**

DPMC USE ONLY SPR No.:	Municipal Code:
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**REQUESTING AGENCY**

I hereby certify that all information contained within this document is true and accurate, that the space requested represents the minimum square footage necessary for this agency to carry out its functions and that this agency will comply with DPMC's Policy for Hazardous Materials/Waste Remediation for State-Leased Facilities. I am aware that if any of the above statement made by me is false I am subject to punishment. (See NJSA52:18A-191.8 and NJAC 17:11-32)

Organization/Unit: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Division: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Chief Fiscal Officer: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OMB**

I hereby certify that I have reviewed the current and projected employee position data and funding associated with this request:

Budget Analyst: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Deputy Director of Budget & Accounting: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**DPM&C DIRECTOR**

Approved

Disapproved

Signature \_\_\_\_\_ Date \_\_\_\_\_





