

# Clapham South and Balham CPZ (H2 One-hour) Review Consultation

## Questionnaire

Please read through the consultation material before completing the survey.

### Confidentiality

All the information you provide will be treated in strict confidence, will not be used to identify you personally and will only be used for the purposes of this consultation. The analysis is done on an anonymous basis under the guidelines of the Data Protection Act. Anonymised data may be published, including publishing comments on the Council's website.

Please answer all questions in section A and B, so that all your views and preferences can be considered.

### Section A: Your Details

- 1. Please give us your address and post code  
(Required so that we can validate your response)

House/Flat number or name:	
Road name:	
Postcode:	

- 2. In what capacity are you responding to this consultation?  
(Please tick all that apply)

- A resident
- A landlord
- A business owner
- Other, please state: .....

- 3. How many vehicles do you have in your household / on your business premises?  
Please tick only one answer

None	One	Two	Three or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4. Do you have off-street parking (e.g. driveway) at your address?  
Please tick only one answer

- Yes
- No

**Section B: Your Views**

**5. Would you prefer to retain the CPZ’s existing operational days/hours or change them? (Existing days/hours are Monday to Friday, 10.30am to 11.30am)**

*Please tick only one answer*

Retain existing days / hours	Change days / hours
<input type="checkbox"/>	<input type="checkbox"/>

**6. What days do you think the CPZ should operate?**

*Please tick only one answer*

- Monday to Friday (Existing days)
- Monday to Saturday

**7. What hours do you think the CPZ should operate?**

*Please tick only one answer*

- 10.30am to 11.30am (Existing hours)
- 9.30am to 5.30pm

**8. Please give the reason(s) for your answer to the previous questions?**

*(Please tick all that apply)*

<input type="checkbox"/> I’m unable to park near my home when the CPZ does not operate	<input type="checkbox"/> I am happy with the CPZ’s current operational days/hours
<input type="checkbox"/> Increasing the CPZ days/hours will improve parking and cost me no more for a permit	<input type="checkbox"/> I don’t want to pay more for my visitors
<input type="checkbox"/> Need to deter non-residents parking out of hours	<input type="checkbox"/> I don’t have a car
<input type="checkbox"/> I am concerned parking will become worse in the future	<input type="checkbox"/> A nearby CPZ has resulted in more cars parking in my area
<input type="checkbox"/> I have to park too far from home	<input type="checkbox"/> I want the CPZ removed
<input type="checkbox"/> Other (Please specify)	

**9. Which, if any, of the following are issues in your road?**

*(Please tick all that apply)*

<input type="checkbox"/> New developments in the area affect parking	<input type="checkbox"/> School pick up/drop off creates parking problems
<input type="checkbox"/> Multiple vehicle ownership takes up parking spaces	<input type="checkbox"/> Inconsiderate parking is a problem
<input type="checkbox"/> Dropped kerbs in my road limit parking spaces	<input type="checkbox"/> Not allowing dropped kerbs contributes to parking problems
<input type="checkbox"/> Speeding/rat running	<input type="checkbox"/> Motorcycles occupy too much space
<input type="checkbox"/> Commercial vehicles park in my area	<input type="checkbox"/> More dedicated motorcycle bays are required
<input type="checkbox"/> Emergency service and refuse vehicles can't access the road	<input type="checkbox"/> Poor air quality
<input type="checkbox"/> Traffic congestion	<input type="checkbox"/> Other (Please specify below)

**Section C: About You**

The Council will use the information below to develop services that meet the needs of all the community. Please say as much as you wish but do not feel obliged to answer every question.

**10. Are you?**

*Please tick only one answer*

- Male
- Female
- Prefer not to say
- Prefer to self-describe

**11. What was your age last birthday?**

*Please tick only one answer*

- |                                            |                                |
|--------------------------------------------|--------------------------------|
| 19 and under <input type="checkbox"/>      | 45-54 <input type="checkbox"/> |
| 20-24 <input type="checkbox"/>             | 55-64 <input type="checkbox"/> |
| 25-34 <input type="checkbox"/>             | 65-74 <input type="checkbox"/> |
| 35-44 <input type="checkbox"/>             | 75+ <input type="checkbox"/>   |
| Prefer not to say <input type="checkbox"/> |                                |

**12. Do you consider yourself to have a disability?**

*Please tick only one answer*

- |                   |     |
|-------------------|-----|
| Yes               | [ ] |
| No                | [ ] |
| Prefer not to say | [ ] |

**13. How would you describe your ethnic group?**

*Please tick only one answer*

- |                                              |     |
|----------------------------------------------|-----|
| White                                        | [ ] |
| Mixed/multiple ethnic groups                 | [ ] |
| Asian or Asian British                       | [ ] |
| Black/African/Caribbean/Black British        | [ ] |
| Prefer not to say                            | [ ] |
| Any other ethnic background, please specify: | [ ] |

**Thank you for taking part in the survey.**