North West Battersea area **Parking Consultation**

Questionnaire

Please read through the consultation material before completing the survey. Only one response per household / business address is required.

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

car	can be considered.							
Se	ection	A:	Your Details					
1.			give us your addre					
H	louse	/Fla	t number or name:					
			Road name:					
			Postcode:					
 3. 	(Plea]]]]	·	:u have in you		ur business premises?		
			None	One	Two	Three or more		
			[]	[]	[]	[]		
4.		se] \	have off-street partick only one answer		eway / garage / car	park) at your address?		

56	ection	1 B: Your Views			
5.	Are	you happy with the parking cond	itions	6 0	n the highway roads in your area?
	Yes	<u>No</u> <u>No opi</u>	<u>inion</u>		
	[]	[] []			
6.		what extent do you agree or disagould be implemented in your area			t a Controlled Parking Zone (CPZ) ne only)
		<u>Agree</u> <u>[</u>	Disagr	ee	Don't know/
					<u>no opinion</u>
		[]	[]		[]
7.			1		uestions 5 and 6 (tick all that apply)
L]	I'm unable to park near my home.	[]	J	There is no parking problem in my road
[]	A CPZ will ease parking problems	[]]	A CPZ won't help with parking problems
[]	Even though my address is not eligible for permits, parking controls are necessary in the area	[]]	My address wouldn't be eligible for CPZ permits, so I wouldn't be able to park
[]	I don't mind paying for a permit if it means I can park more easily	[]	I don't want to pay for a parking permit
[]	Need to deter non-residents parking	[]	Visitors/non-residents need to be able to park
[]	Environmental reasons	[]]	It will only displace parking elsewhere.
[]	I don't own a car	[]]	A CPZ will deter my visitors/customers.
]]	Other reason (Please specify)			
8.		at <u>days</u> do you think the CPZ cont ase tick only one answer	trols :	sho	ould operate?
	[] Monday to Friday			
	[] Monday to Saturday			
	[] Monday to Sunday			
	[] No opinion			

	Please tick only one answer											
	[[] One-Hour e.g. 10am to 11am or 11am to 12 noon										
	[] All-Day - 9.30am to 4.30pm										
	[]	All-Da	y - 9.30a	m to 6.30pm	า						
	[]	No opi	nion								
10.				of the fo	ollowing are	e issu	es in	your ro	oad?			
[]		v devel		in the area		[]	Schoo	•	p/drop	off create	s parking
[]			hicle ow spaces	nership take	S	[]	Incons	siderate parking is a problem			
[]		pped ke		ny road limit		[]		llowing dropped kerbs contributes king problems			
[] Speeding/rat running					[] Motorcycles occupy too much space						
[] Commercial vehicles park in my area				/	[] More dedicated motorcycle bays are required						
[[] Emergency service and refuse vehicles can't access the road					[] Poor air quality						
[]	Traf	ffic con	gestion			[]	None	of these	Э		
]]	Oth	er (Plea	ase spec	eify)							
11.		ich (oly) '		ollowing	g measures	woul	d you	like to	see in	your s	street? (ti	ck all tha
Car	· cluk	bay		Electric charging points	Motorcyo bays(s) v ground and	vith	stree parkin	ire on- t cycle g (Bike gars)	None o		Other (ple	ease state ow)
	[]		[]	[]		[]	[]] []
Oth	er:		,		·							

9. What hours do you think the CPZ should operate?

^{*} This is an attempt to gauge demand for a wider range of road amenities that encourage modal shift or contribute to improved air quality. Some of these measures may require subsequent consultation/processes to implement. The Council reserves the right to determine whether the inclusion of these additional services is appropriate, regardless of the expressed interest.

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.					
12. Are you? Please tick only one an	swer					
Male	[]					
Female	[]					

[]

[]

13. What was your age last birthday?

Pieas	е пск	oniy	one	answe	er

Prefer not to say

Prefer to self-describe

19 and under	[]	45-54	[]
20-24	[]	55-64	[]
25-34	[]	65-74	[]
35-44	[]	75+	[]
Prefer not to say	[]		

14. Do you consider yourself to have a disability?

Please tick only one answer

Yes	[]
No	[]
Prefer not to say	Γ	1

15. 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.