

Battersea Park Area CPZ Review

Questionnaire

Please read the consultation letter before completing the survey.

Only one response per household / business address is required.

All the information you provide will be treated in strict confidence and will only be used for the purposes of this consultation. The Council will do all we can to respect your privacy and to protect the personal information we acquire through responses to our consultations. You can read the Council's Privacy Notice at: <https://wandsworth.gov.uk/data-protection-policy/>

Please answer all questions in Sections 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 only one answer

- A resident
- A landlord
- A business owner
- Other, please specify at question 2b below

2.b In what other capacity are you responding to this consultation?

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, garage, etc.) at your address?
Please tick only one answer

- Yes
- No

Section B: Your Views

5. Are you happy with the parking controls in your street?

Yes	No	Don't know / no opinion
[]	[]	[]

6. Would you prefer to retain the CPZ's existing operational days or change them?

Please tick only one answer

Retain existing days	Change days	Don't know / No opinion
[]	[]	[]

7. What days do you think the CPZ should operate?

Monday to Friday (as existing)	Monday to Saturday	Monday to Sunday
[]	[]	[]

8. Would you prefer to retain the CPZ's existing operational hours or change them?

Please tick only one answer

Retain existing hours	Change hours	Don't know / No opinion
[]	[]	[]

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

Please tick only one answer

9am to 5pm (as existing)	9am to 6.30pm	9am to 8pm
[]	[]	[]

10. Please give the reason(s) for your answer to questions 5 to 9?

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 hours/days
<input type="checkbox"/> Increasing the CPZ hours/days 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 when the CPZ does not operate	<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"/> I want the CPZ removed

11. Which, if any, of the following do you think 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 needed
<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"/> None of these

12. What impact do you think the CPZ has on the following?

Please tick one answer for each statement

	Positive impact	Negative impact	Neither/don't know
Air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The look of the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access for emergency service and refuse collection vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Which, if any, of the following measures would you like to see introduced in your road?

*(Tick all that apply) **

Car club bay (s)	Electric vehicle charging points	Motorcycle bays(s) with ground anchors	Secure on-street cycle parking (Bike hangars)	None of these measures
[]	[]	[]	[]	[]

* This is an attempt to gauge demand for a wider range of road amenities that encourage modal shift and 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.

14. Please give us any further comments here:

(Maximum 50 words)

Section C: About You

The following optional questions will help the Council to improve its services and be fair to everyone who lives in the borough. The information you provide will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

15. Are you?

Please tick only one answer

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

16. What was your age last birthday?

Please tick only one answer

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

17. Do you consider yourself to have a disability?

Please tick only one answer

- Yes
- No
- Prefer not to say

18. 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
- Other ethnic group, please specify:

Thank you for taking part in the consultation.