

Clapham South and Balham CPZ (H2 One-hour) Granard Road 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 / garage) at your address?
Please tick only one answer

- Yes
- No

Section B: Your Views

5. Would you prefer to retain the existing controls (currently Monday to Friday, 10.30am to 11.30am) or change them to all-day so they operate Monday to Friday 9.30am to 5.30pm, the same as in Hendrick Avenue and Morella Road?

Please tick only one answer

Retain existing days / hour	Change to All-day controls operating Monday to Friday, 9.30am to 5.30pm
<input type="checkbox"/>	<input type="checkbox"/>

6. Please give the reason(s) for your answer to the previous question?

(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 hour
<input type="checkbox"/> Increasing the CPZ 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)	

7. 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)

8. Which of the following measures would you like to see in your street? (tick all that apply) *

Car club bay (s)	Electric charging points	Motorcycle bays(s) with ground anchors	Secure on-street cycle parking (Bike hangars)	None of these measures	Other (please state below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:					

* 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.

9. Are you?

Please tick only one answer

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

10. 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"/> | | |

11. Do you consider yourself to have a disability?

Please tick only one answer

- | | |
|-------------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

12. How would you describe your ethnic group?

Please tick only one answer

- | | |
|--|--------------------------|
| White | <input type="checkbox"/> |
| Mixed/multiple ethnic groups | <input type="checkbox"/> |
| Asian or Asian British | <input type="checkbox"/> |
| Black/African/Caribbean/Black British | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |
| Any other ethnic background, please specify: | <input type="checkbox"/> |

Thank you for taking part in the survey.