

# Southfield Gardens Controlled Parking Zone 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 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 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 existing operational days/hours or to change them?  
(Existing days/hours are Monday to Friday, 10.30am to 2.30pm) (tick one only)

Retain existing days / hours	Change days / hours
<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 days/hours
<input type="checkbox"/> Increasing the CPZ 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"/> I don't mind paying more for a permit if it means I can park more easily	<input type="checkbox"/> I don't want to pay more for a parking permit
<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. What days do you think the CPZ should operate?  
*Please tick only one answer*

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

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

*Please tick only one answer*

- 10am to Noon
- 10.30am to 2.30pm (Existing)
- 10am to 4.30pm
- 8.30am to 6.30pm
- 8am to 10pm

**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)

**10. Which of the following measures would you wish to see included in the design of the scheme? Tick all that apply \***

Car club bay (s)	Electric charging points	Motorcycle bay(s) with ground anchors	Cycle hangar(s)	None of these measures	<u>Other</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* 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. More information on cycling in the borough can be obtained by visiting: [https://www.richmond.gov.uk/services/roads\\_and\\_transport/cycling](https://www.richmond.gov.uk/services/roads_and_transport/cycling)

## 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.

### 11. Are you?

Male

Female

Prefer not to say

Prefer to self-describe

### 12. What was your age last birthday?

19 and under  45-54

20-24  55-64

25-34  65-74

35-44  75+

Prefer not to say

### 13. Do you consider yourself to have a disability?

Yes

No

Prefer not to say

### 14. How would you describe your ethnic group?

White

Mixed/multiple ethnic groups

Asian or Asian British

Black/African/Caribbean/Black British

Prefer not to say

Any other ethnic background (Please state below)

Thank you for taking the time to respond to this consultation.