

Dover House Estate area Parking Consultation

Questionnaire

Please read the consultation material before completing the survey.

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
[]	[]	[]	[]

- 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. Do you agree or disagree that a Controlled Parking Zone (CPZ) should be implemented in your area?

Please tick only one answer

Agree	Disagree	Don't know / no opinion
<input type="checkbox"/>	<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 am unable to park near my home	<input type="checkbox"/> There is no parking problem in my road
<input type="checkbox"/> A CPZ will ease parking problems	<input type="checkbox"/> A CPZ won't help with parking problems
<input type="checkbox"/> I don't mind paying for a permit if it means I can park more easily	<input type="checkbox"/> I have a car and I don't want to pay for a parking permit
<input type="checkbox"/> Need to deter non-residents parking	<input type="checkbox"/> Visitors/non-residents need to be able to park
<input type="checkbox"/> Residents with mobility issues need to be able to park near their homes	<input type="checkbox"/> There are too many households with multiple cars
<input type="checkbox"/> Environmental reasons	<input type="checkbox"/> There are too many non-residents working in the area who park here
<input type="checkbox"/> None of the above	<input type="checkbox"/> It will only displace parking elsewhere

7. If a CPZ was implemented, what days would you prefer it to be in operation?

Please tick only one answer

- Monday to Friday
- Monday to Saturday
- Monday to Sunday
- Don't know / no opinion

8. If a CPZ was implemented, what hours would you prefer it to be in operation?

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-Day - 9.30am to 6.30pm
- Don't know / no opinion

9. 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

10. What impact do you think a CPZ would have on the following?

Please tick one answer for each statement

	Positive impact	Negative impact	Neither/dcn'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"/>

11. If a CPZ were implemented, which of the following measures would you like to see in your street? (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
<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.

12. 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.

13. Are you?

Please tick only one answer

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

14. 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+

15. Do you consider yourself to have a disability?

Please tick only one answer

- Yes
- No
- Prefer not to say

16. 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 consultation.