Rotherhithe Consultation Questionnaire

Have your say about parking

We would like to hear your views on the proposal to introduce parking controls to your area. Please read the background document and consider the feasibility drawing before completing the questionnaire online or by returning it to us via the freepost address, by 21 October 2016.

The quickest way to respond is online at **www.southwark.gov.uk/parkingprojects**

Postal responses should be sent to the following address:

FREEPOST RSCT-BHXK-SCA, Highways Division (Parking Design), Floor 3, Hub 2, Southwark Council, PO BOX 64529, London, SE1P 5LX

SECTION A – About you

It is important to know some details about you so that we can carefully analyse the results. To enable your comments to be matched to your street and to avoid any possible duplication of responses we need your full details.

1. Are you a resident or business? ☐ Resident ☐ Business

Name (required)	
House / flat number and street name (required)	
Postcode (required)	
Email (optional)	

SECTION B – Your parking experience

2. How many vehicles does your household regularly park on the street?

☐ None (don't own a vehicle) ☐ None (park off-street) ☐ 1 ☐ 2 or more

3. What time of day do you or your visitors have difficulty parking?

Never	☐ You	☐ Your visitor
Monday-Friday, daytime	☐ You	☐ Your visitor
Monday-Friday, evening	☐ You	☐ Your visitor
Saturday	☐ You	☐ Your visitor
Sunday	☐ You	☐ Your visitor

SECTION C – The proposals and your views

4. Do you want a parking zone to be introduced in your street?

This is the key question that helps decide whether or not parking controls are introduced

☐ Yes ☐ No ☐ Undecided

5. If you answered "*No*" or "*Undecided*" to question 4, would you change your mind if a parking zone was to be proposed in only part of the study area?

(i.e. if a neighbouring road was in favour, would you then want parking controls to be introduced in your street?)

☐ Yes ☐ No ☐ Undecided

Parking controls can cause displacement. A parking zone in a street next to yours is likely to increase demand for a space in your street.

6. If you answered "No" or "Undecided" to question 4 of this section, please can you tell us why?
Please tick all options that apply to you.

- ☐ There is not a parking problem
- ☐ The cost of parking permits
- ☐ Parking controls do not guarantee me a parking space outside my property
- ☐ Too much additional street clutter (road markings and signs)
- ☐ There is a parking problem, but a parking zone will not fix it
- ☐ Other (please specify) _____

7. If a parking zone was introduced, which of the following hours would you like the parking zone to operate?

- ☐ All day (for example 8.30 am to 6.30pm)
- ☐ Part day (for example 10 am to 2pm)
- ☐ Two hours during the day (for example 11 am to 1 pm)
- ☐ Other (please specify) _____

8. If a parking zone was introduced, which of the following days would you like the parking zone to operate?

- ☐ Monday to Friday
- ☐ Monday to Saturday
- ☐ Other (please specify) _____

SECTION D – Your comments

9. Do you have any comments about the proposal or the consultation?
Please use this section to make any comments on the consultation process and/or suggestions for how we can improve the parking layout (position and type of parking bay) in the feasibility design.

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Replies will be used for the analysis of parking requirements in the area and for no other purpose. The information you provide will be used fairly and lawfully and Southwark Council will not knowingly do anything which may lead to a breach of the Data Protection Act 1998.

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For information about parking in Southwark

southwark.gov.uk/parkingprojects

parkingreview@southwark.gov.uk

020 7525 1515