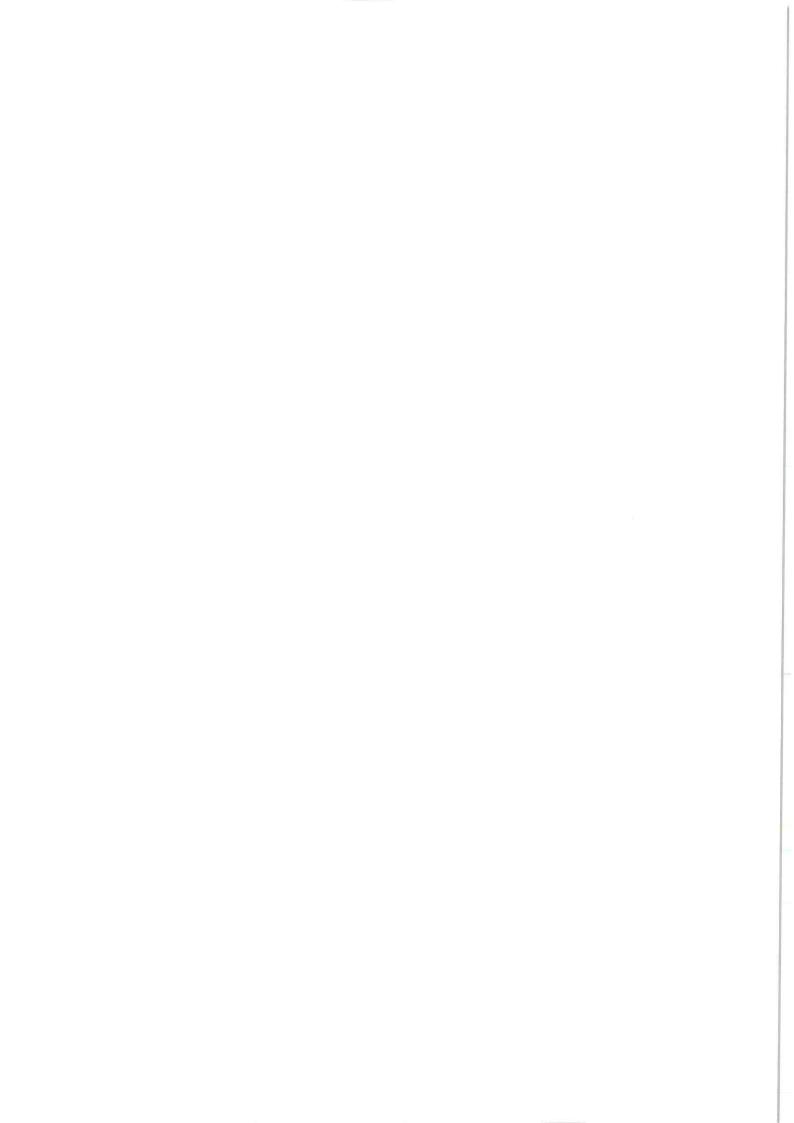
# Appendix A

Garden Suburb Controlled Parking Zone Outskirts Review questionnaire.



## Garden Suburb Controlled Parking Zone Review

Please let us have your views about the Garden Suburb Controlled Parking Zone by completing this questionnaire. We would like to hear from you even if you do not have access to a vehicle or are a non-driver as you may have visitors who park within the Zone.

## Section 1 - Personal Information

In an effort to understand your particular needs and get as clear a picture as possible, please tell us where you live. If you do not want to tell us your full name and address *please ensure* you give us the name of your road - without it we won't know where the problems may be.

Please Note that under the provisions of the

	ss:		Freedom of Information Act 2000, the Council may be obliged to disclose any information that it holds if a request is made for that information, unless it is					
		covered by an exemption under the Act. This means that this information can not be held confidential and may be disclosed to any person. If you do not wish						
Post C	Code:	your pers	sonal data (such as your name and o be disclosed, please tick the box below.					
					I do not wish my personal data to be disclosed			
Secti	ion 2 – General I	nformation						
	Please answer by ticking $[\checkmark]$ the relevant boxes and following the instructions where appropriate. Please tick one box only unless otherwise specified.							
(1)	Is this property yo	ur:						
	Home [ ] Other [ ]	Business If 'Other' p	[] lease specify	Both	[ ]			
(2)	How many vehicles are there in the above household/business/other?							
	None [ ] Two [ ]	One [ ] Three [ ]	If more pleas	se speci	fy			
(3)	How many of thes	e are usually parl	ked on the stre	et?				
	None [ ] Two [ ]	One [ ] Three [ ]	If more pleas	se speci	ify			
(4)	How many Resident permits are issued to this household/business/other?							
	None [ ]	One [ ] Two	p[]	Three	[ ]			
(5)	Are you or is a me holder?	ember of your hou	usehold/busine	ess/othe	er a registered Blue Badge			
	Yes [ ]	No [ ]						

## Section 3 – Scheme Design and operation

Within a Controlled Parking Zone all on-street parking is controlled either by signs, yellow lines or designated parking bays. It gives priority to residents and their visitors, who must display their permits or vouchers to show their entitlement to park during the operational hours of the zone.

The Garden Suburb CPZ uses a combination of traditional parking bays and yellow lines and 'Permit holders only past this point' controls, (where controls are enforced through street entry signs). The Garden Suburb CPZ is operational Monday to Friday during the hours of 1pm - 2pm.

(6)	What type of parking restrictions applies in your road?								
	Standard controlled parking measures (marked parking bays, yellow lines and signs) [								
	Permit holders only past this point (signs only) [ ]								
	None – I live in a private road [ ]								
	Don't know/not su	re	[ ]						
(7)	your road during the CPZ								
	Yes [ ]	No	[ ]	Don't know/not sure [ ]					
(8)	(8) Does anyone in your household or working at your business have a problem finding a place to park between the CPZ operational hours of 1pm and 2pm?								
	Yes [ ] Don't know/not sui		[ ] [ ]	Does not apply (as no car	s in household) [ ]				
(9)	Do your visitors/others have problems finding a place to park between the CF operational hours of 1pm and 2pm?								
	Yes [ ]	No	[ ]	Does not apply [ ]	Don't know/not sure [ ]				
				·					
(10)	Are vou satisfied	with th	ne ope	rational hours of the Gar	den Suburb CP72				
,	Yes [ ]	No	[]	Does not apply [ ]	Don't know/not sure [ ]				

(11)	Do you feel that the CPZ days of operation need changing to include additional days?						
	Yes	[° -]	No	[ ]	Does not apply [ ]	Don't know/not sure [ ]	
	If yes, p	please provi					
	1pm ar	nd 2pm and	do not i	require	signing. Where there are	yellow lines operate between lengths of single yellow lines along the affected lengths.	
(12)					hat parking on an unsign Friday during 1pm and 2	ned length of single yellow 2pm?	
	Yes	[ ]	No	[ ]	Don't know/ not sure	[ ]	
	a 'perm	nit holders or	nly past	this po	I their visitors, marked residulition of the contract of the c	dent permit parking bays and ed for use by motorists	
Secti	ion 4 –	Zone Enf	orcen	nent			
Penal line d	ty Char uring its	ge Notices	to vehi al hour	cles pa	arked in a parking bay or	g: being parked on a yellow	
(13)		hicles often ional hours		d illega	ally or inconsiderately in	your road during the CPZ	
	Yes [	[ ]	No	[ ]	Don't know/not sure [ ]		
(14)	Do you	ı consider t	hat the	Garde	en Suburb CPZ is being e	nforced effectively?	
	Yes [	[ ]	No	[ ]	Don't know/not sure [ ]		
	If no ple	ease give re	asons f	or your	answer		
(15)		100		1.00	ou think could improve th strictions? (tick all boxe		
	□ increat	er visibility o	ement i	n other cement	roads (please specify)		

(10)	illegally parked vehicles, such as those parked in contravention of the parking restrictions or blocking access to your property?						
	Yes [ ]	No	[ ]	Don't know	/not sure	[ ]	
Sect	ion 5 – Parking	Overa	ıII				
	The Garden Sub- congestion and of facilities for residence aimed to ke	obstruc dents a	tive parking nd their visit	whilst aiming ors. Due to th	g to provide	e adequate pa	rking
(17)	How much do you agree or disagree that the Garden Suburb CPZ is meeting its objectives of minimising obstructive parking whilst providing adequate parking for residents and their visitors?						
	Agree strongly	[ ]	Agree	[ ]	Neither	[ ]	
	Disagree	[ ]	Disagree str	ongly [ ]	Don't know	w/not sure	[ ]
(18)	8) Are there any parking issues relating to the Garden Suburb CPZ in your road that you believe should be investigated further?						oad that
	Yes [ ]	No	[ ]	Don't know/	not sure	[ ]	
	Please give detai	ils					
							**********
	***************************************						
(19)	Are you satisfied	with th	e Garden Su	burb CPZ?			
	Yes [ ]	No	[ ]	Don't know/	not sure		

## **Section 6 – Diversity Monitoring**

Barnet Council is required by law, Equality Act 2010, to collate equality information. The collated information will not only help the council demonstrate compliance with the law but also assist the council to assess the impact of policies, services and decisions on all the protected characteristics covered by the act and ensure our polices and services are fair and accessible.

To assist us in complying with our duty under the Equalities Act 2010 we have to ask you some personal questions, which we would encourage you to complete. Collecting this information will also help us understand the needs of our different communities.

Please be assured that all the answers you provide will be treated in the strictest confidence and will be stored securely in an anonymous format. All information will be stored in accordance with our responsibilities under the Data Protection Act 1998.

For the purposes of this survey we are asking 5 of the protected characteristics included in the Equality Act 2010.

(20) Are you: (Please tick one option only)											
	Fema	le	[]		Male		]	] Pre	fer not	to say	
(21)	In wh	ich ag	e gro	up do	you fall	? (Plea	se ti	ick <b>on</b>	e opti	on only	)
	Under 18-24 25-34 35-44 Prefer		[ ] [ ] [ ] say				45- 55- 65- 74-	64 74	[ [ [	] ] ]	
(22)	What is your ethnic origin? (please tick one option only)										
		Asian Asian Asian Black Black Mixed Mixed Mixed Other Other White White White White	or As or As or Bl or Bl or Bl or Bl - Wh I - Wh I - Ot - Any - Bri - Gre - Tur (Plea	sian Brisian Brisian Brisian Brisian Brisian Brisian Brisian Kriste & Briste & Ariste & Arist		akistani nglade ner ribbean rican ner ibbean can	shi				

### Disability

The Equality Act 2010 defines a disability as, 'A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long term is taken to mean more than 12 months and

would cover long term illness such as cancer and HIV or mental health problems.

		sider that you have a disability as defined by the Disability Discrimination e tick one option only)							
	Yes	[ ] No [ ] Prefer not to say [ ]							
(23)	3) If you have answered 'yes', please select the definition/s from the list below that best describes your disability/disabilities: (tick all that apply)								
	[]	Hearing (such as: deaf, partially deaf or hard of hearing)							
	[]	Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glass/contact lenses							
	[ ] Speech (such as impairments that can cause communication problems)								
	[ ] Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)								
	[ ] Physical co-ordination (such as manual dexterity, muscular control, cerebral pa								
	[]	Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes)							
	[]								
	[ ]								
	[ ] Mental illness (substantial and lasting more than a year, such as severe depression or psychoses)								
	[ ]	Other (Please specify)							
	[ ]	Prefer not to say							
(24)	Religi	on or belief (Tick one box only)							
Agnostic [ ] Atheist [ ] Baha'I [ ] Buddhist [ ] Christian [ ] Hindu [ ] Humanist [ ] Jain [ ] Jewish [ ] Muslim [ ] Sikh [ ] No Religion [ ]  Other religion/belief (please specify) Prefer not to say [ ]									

#### Section 6 - The Questionnaire

We have tried to keep this questionnaire as short as possible but at the same time covering most areas of concern that you may have. We have used a layout and questions that we hope have been easy to follow and that will provide us with as much information as possible so we can find out how you feel about parking in your road and area. In order to let us know whether we are achieving this, we would be very grateful if you could please tell us what you thought of this questionnaire.

(25)	5) Do you think the questionnaire has met the criteria mentioned above and enabled get your views across?						
	Yes	[ ]	No	[ ]			
Please comment (whether you have responded either yes or no)							
	300 00000000000000		*************				
					*****************		
	***************************************		**********				
Ple	ease return yo	our completed questi	onnaire to us	in the prepaid envelope	provided by:		

### Thank you for taking the time to complete this questionnaire.

Please note that due to the high volume of questionnaires distributed it will not be possible to reply individually. However, we will inform you of the outcome of this consultation.

If you have any queries regarding this questionnaire or require the questionnaire in an alternative format, please contact:

Design Team on 020 8359 3037 email: eando.consultation@barnet.gov.uk Design Team, London Borough of Barnet, Building 4, North London Business Park, Oakleigh Road South, London N11 1NP.

