

Scheme Name: **Crewys Road NW2 and neighbouring streets – Informal Parking Consultation**
Our Ref: **BC/001544-04-01**
Department: **Traffic & Development Section (Design Team)**
Date: **18 November 2019**
Contact Details: **Traffic and Development Section**
Tel. 0208 359 3555
parking.consultations@barnet.gov.uk

Dear Resident/Business,

Crewys Road NW2 and neighbouring Streets – Informal Parking Consultation

Background

We have been made aware of concerns from residents about the high levels of non-resident parking in Crewys Road and neighbouring roads, which in turn is making it difficult for residents to find available kerbside space.

In response to this, the Finchley and Golders Green Area Committee have agreed that this issue should be investigated and have decided that a consultation with residents and businesses should be carried out in Crewys Road, Nant Road, Llanvanor Road, Llanelly Road and Granville Road area of the existing Golders Green Controlled Parking Zone (CPZ).

The views received from the community will help us understand whether or not the current parking controls meet its needs, and will help decide if new parking controls or changes to existing ones would be appropriate for your area.

The enclosed drawing No. BC/001544-04-01 shows the extent of both the existing Golders Green 'H' zone and the consultation area.

Give us your views

We are keen to hear your views. Please have your say by completing our online questionnaire at engage.barnet.gov.uk

If you are unable to complete the questionnaire online and would like to request a paper copy, please call the Traffic and Development Section on 020 8359 3555 or email parking.consultations@barnet.gov.uk

If you are using a paper copy, send us your completed questionnaire using the prepaid envelope that will be provided.

The closing date for the consultation is **Monday 9 December 2019.**

We are asking each household to complete only one questionnaire, so please ensure that the views given are representative of your household.

What happens next?

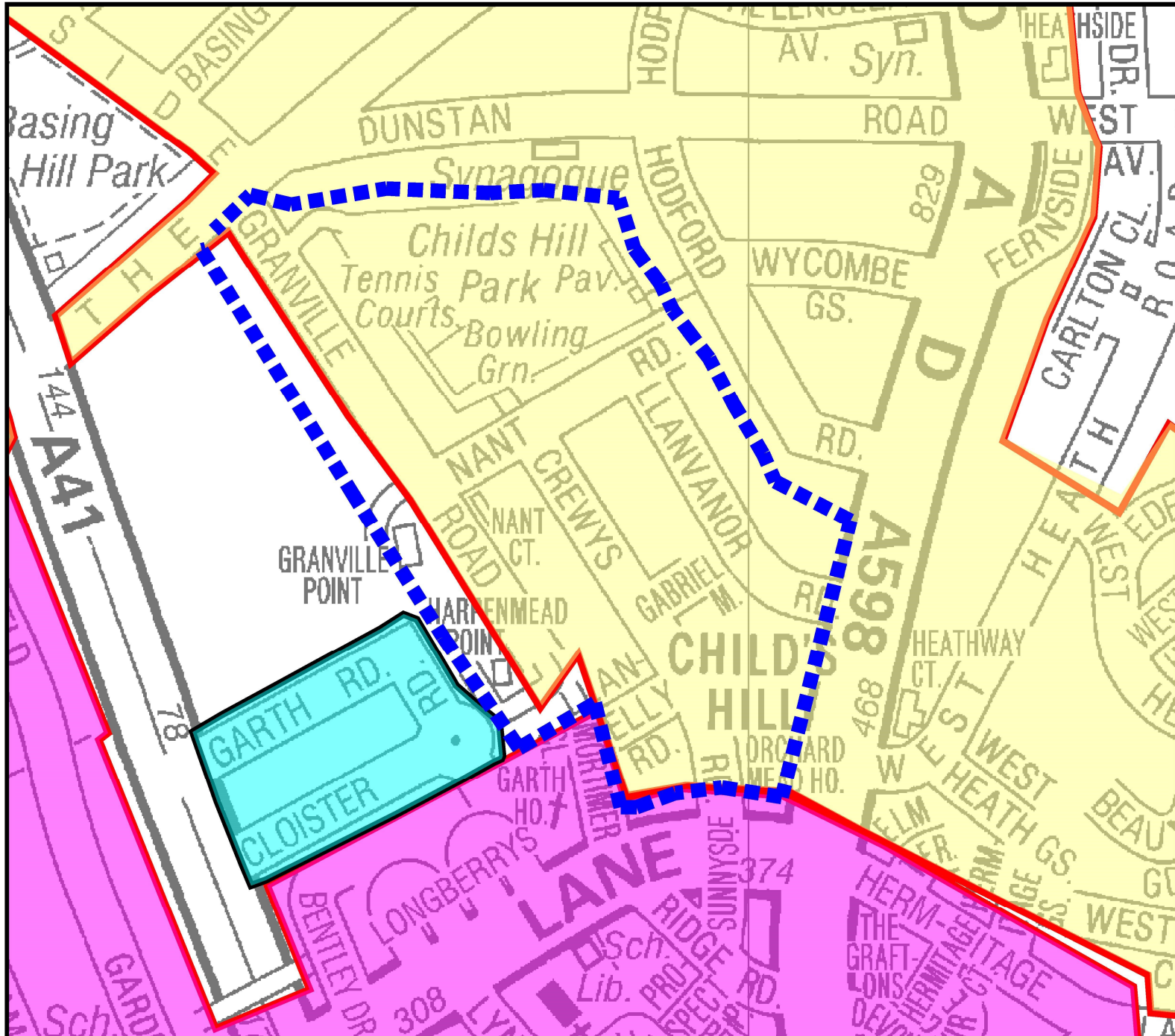
All the responses received will be analysed and the outcome will help us determine what action needs to be taken to address areas of concern, so it is very important that you take this opportunity to express your views.

If you have any further questions, please contact us at the email address or on the telephone number above. Details of the consultation are also available for viewing on Engage Barnet at engage.barnet.gov.uk

I would like to take this opportunity to thank you for taking the time to read this letter, and look forward to receiving your completed questionnaire. Everyone consulted as part of this exercise will be notified via Engage Barnet in due course of the outcome and our intended course of action.

Yours faithfully,

Design Team
Traffic and Development Section



KEY:-

- EXISTING GOLDERS GREEN CPZ (H)
(Mon - Fri 11am - Midday)
- EXISTING CRICKLEWOOD CPZ (C1)
(Mon - Fri 10am - 11am)
- EXISTING CLOISTER ROAD & GARTH ROAD CPZ (CG)
(Mon - Sun 1pm - 8pm)

PROPOSED CONSULTATION AREA BOUNDARY

ROADS INCLUDED :

1. CREWYS ROAD
2. NANT ROAD
3. LLANVANOR ROAD
4. LLANELLY ROAD
5. GRANVILLE ROAD



TITLE:
INFORMAL PARKING CONSULTATION

SCHEME:
CREWYS ROAD AND NEIGHBOURING STREETS

BARNET
LONDON BOROUGH
DESIGN TEAM
London Borough of Barnet
6th Floor Highways
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Colindale, NW9 4EW
Tel: 020 8359 2000

Scales: NOT TO SCALE
Initiated: OCT 2019
Drawn: BMW
Checked: GWA
DRAWING NO:
BC/001544-04-01
Acad Ref.

Crewys Road NW2 and neighbouring streets – Informal Parking Consultation Questionnaire

Introduction

We have been made aware of concerns from residents about the high levels of non-resident parking in Crewys Road and neighbouring roads which is making it difficult for residents to find available kerbside space.

In response to this, the Finchley and Golders Green Area Committee have agreed that this issue should be investigated and have decided that a consultation with residents and businesses should be carried out in Crewys Road, Nant Road, Llanvanor Road, Llanelly Road and Granville Road, located in the southern part of the existing Golders Green CPZ.

This consultation is intended to give the council a clearer understanding of the parking issues in these roads and help determine whether any changes may be made to improve parking availability for local residents.

Please take the time to give us your views about parking in your road by completing this questionnaire.

Crewys Road NW2 and neighbouring streets – Informal Parking Consultation Questionnaire

Data protection statement

Barnet Council uses Bang the Table to host questionnaires, and to store and analyse the data collected through these questionnaires. The council has investigated Bang the Table and is satisfied with its data assurance and legal framework.

You can read more about Barnet's privacy statement on: www.barnet.gov.uk/privacy.

If you have any questions about this statement please email first.contact@barnet.gov.uk.

Section 1: About your property

To understand your particular needs and get as clear a picture as possible, please tell us where you live. Please ensure you give us your address and/or post code - without it we won't know where the problems may be.

(a) Please provide the name of the road your household or your premises is situated:

Crewys Road	<input type="checkbox"/>
Nant Road	<input type="checkbox"/>
Llanvanor Road	<input type="checkbox"/>
Granville Road	<input type="checkbox"/>
Llanelly Road	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

1. Please provide your door number and postcode: (Please write your answer below)

House Number	
Postcode	

2. Is this property your...? (Please tick one option only)

- Home ☐
- Business ☐
- Both ☐
- Other (please specify) ☐

Section 2: CPZ Operational Days/Hours

3. Do you wish for your road to be removed from the Golders Green 'H' Controlled Parking Zone CPZ, and re-introduced as a separate CPZ? (Please note permit holders would no longer be able to use their permits in the surrounding 'H' CPZ) (Please tick one option only)

- Yes ☐
- No ☐
- Don't know / not sure ☐

4. Would you like the hours of operation of the CPZ to remain the same (11am to 12 noon)? (Please tick one option only)

- Yes ☐ Please go to question 6
- No ☐ Please go to question 5
- Don't know / not sure ☐ Please go to question 6

5. If you answered no, what would you like the hours of operation of the CPZ to be? (Please write your answer below)

6. Would you like the days of operation of the CPZ to remain the same (Monday to Friday)?
(Please tick one option only)

Yes

☐

Please go to question 8

No

☐

Please go to question 7

Don't know / not sure

☐

Please go to question 8

7. If you answered no, what would you like the days of operation of the CPZ to be? (Please write your answer below)

8. If you have any further comments and suggestions regarding parking in your road, or if you have any parking issues elsewhere in the area that you would like to raise relating to this questionnaire, please use the space provided below (you can see a plan of the proposed area is attached): (Please write your answer below)

Section 3 – 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. 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.

9 Do you think the questionnaire has met the criteria mentioned above and enabled you to get your view across? (Please tick one option only)

Yes

☐

No

☐

10. Please give us your comments: (Please write your answer below)

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

emailing: parking.consultations@barnet.gov.uk,

telephoning: 020 8359 3555,

or writing to: Design Team, Traffic and Development Section, London Borough of Barnet, 6th Floor, 2 Bristol Avenue Colindale, NW9 4EW

Section 4: Diversity monitoring

The Equality Act 2010 identifies nine protected characteristics: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, and requires the council to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people from different groups. We ask questions about the groups so that we can assess any impact of our services and practices on different groups. The information we collect helps the council to check that our policies and services are fair and accessible.

Collecting this information will help us understand the needs of our different communities and we encourage you to complete the following questions.

All your answers will be treated in 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 questionnaire we are asking eight of the protected characteristics included in the Equality Act 2010.

11. Are you male or female? (Please tick one option only)

Male	<input type="checkbox"/> Go to Q 12
Female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
If you prefer to use your own term please specify here:	<input type="checkbox"/>

Pregnant and on maternity leave

12. Are you pregnant and/or on maternity leave? (Please tick one option on each row)

	Yes	No	Prefer not to say
I am pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am currently on maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Is your gender identity different to the sex you were assumed to be at birth? (Please tick one option only)

Yes, it's different	No, it's the same	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. In which age group do you fall? (Please tick one option only)

16-17	<input type="checkbox"/>	55-64	<input type="checkbox"/>
18-24	<input type="checkbox"/>	65- 74	<input type="checkbox"/>
25-34	<input type="checkbox"/>	75+	<input type="checkbox"/>
35-44	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
45-54	<input type="checkbox"/>		

15. What is your ethnic origin? (Please tick one option only)

Asian / Asian British		Other ethnic group	
Bangladeshi	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other ethnic group (✓ AND TYPE BELOW)	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White	
Pakistani	<input type="checkbox"/>	British	<input type="checkbox"/>
Any other Asian background (✓ AND TYPE BELOW)	<input type="checkbox"/>	Greek / Greek Cypriot	<input type="checkbox"/>
Black / African / Caribbean / Black British		Gypsy or Irish Traveller	<input type="checkbox"/>
African	<input type="checkbox"/>	Irish	<input type="checkbox"/>
British	<input type="checkbox"/>	Turkish / Turkish Cypriot	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Any other White background (✓ AND TYPE BELOW)	<input type="checkbox"/>
Any other Black / African / Caribbean background (✓ AND TYPE BELOW)	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Mixed / Multiple ethnic groups		
White & Asian	<input type="checkbox"/>		
White & Black African	<input type="checkbox"/>		
White & Black Caribbean	<input type="checkbox"/>		
Any other Mixed / Multiple ethnic background (✓ AND TYPE BELOW)	<input type="checkbox"/>		

Disability

The Equality Act 2010 defines 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 means more than 12 months and would cover long-term illness such as cancer and HIV or mental health problems.

16. Do you consider that you have a disability as outlined above? (Please tick one option only)

Yes ☐

No ☐ (Please go to Q18)

17. If you have answered 'yes', please select the definition(s) from the list below that best describes your disability/disabilities:

Hearing (such as deaf, partially deaf or hard of hearing)	<input type="checkbox"/>	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)	<input type="checkbox"/>
Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)	<input type="checkbox"/>	Severe Disfigurement	<input type="checkbox"/>
		Learning Difficulties (such as dyslexia)	<input type="checkbox"/>
Speech (such as impairments that can cause communication problems)	<input type="checkbox"/>	Mental Illness (substantial and lasting more than a year, such as severe depression or psychoses)	<input type="checkbox"/>
Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)	<input type="checkbox"/>	Physical Co-ordination (such as manual dexterity, muscular control, cerebral palsy)	<input type="checkbox"/>
Other disability, please specify			
Prefer not to say <input type="checkbox"/>			

18. What is your religion or belief? (Please tick one option only)

Baha'i	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Humanist	<input type="checkbox"/>	Other religion/belief (Please specify)	<input type="checkbox"/>
Jain	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

19. Do you consider yourself to be... (Please tick one option only)

Bisexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Other	
Heterosexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

20 In addition, if you prefer to define your sexuality in terms other than those used above, please let us know: (Please write your answer below)

Thank you for taking part in our questionnaire.