

# West Coast Council – Car Parking and Access Questionnaire

## ABOUT

West Coast Council are undertaking a study into the public parking arrangements available to locals and visitors to our region. The study aims to capture how well our current services work, and how they may change as tourism and industry continue to shape our towns' futures.

Below is a short survey that is designed to capture your experiences and thoughts about the current public parking that is available in our towns.

There are separate sections for residents, business owners, and for visitors and tourists.

You do not need to answer all the questions in the section relevant to you, but the more feedback you can provide, the better we can understand any possible issues.

Please return this survey to: West Coast Council  
11 Sticht Street  
Queenstown 7467

or complete the online version, found at:

<https://www.surveymonkey.com/r/wcparkingstudy>

## A. QUESTIONS FOR EVERYONE

### A.1 Are you a:

- West Coast resident
- West Coast business owner
- Visitor or tourist

### A.2 Residents and business owners, in which part of our community is your home or business located?

- Queenstown:
- Zeehan:
- Strahan:
- Rosebery:
- Tullah:
- Other:

*(Granville Harbour, Trial Harbour, Gormanston, etc)*

### A.3 Visitors and tourists, in which parts of our community did you stay (overnight accommodation)?

- Queenstown:
- Zeehan:
- Strahan:
- Rosebery:
- Tullah:
- Other:

*(Granville Harbour, Trial Harbour, Gormanston, etc)*

### A.4 How often do you access or visit each of the towns in our community?

	Rarely once / never	Seldom few times a year	Occasionally every month	Regularly every week	Daily every day
- Queenstown:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zeehan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Strahan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rosebery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Tullah:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Granville Harbour, Trial Harbour, Gormanston, etc)*

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**B. QUESTIONS FOR RESIDENTS**

**B.1 How often do you need to use Council parking (either kerb-side, or public off-street car parks)?**

	Never	Seldom few times a year	Occasionally every month	Regularly every week	Daily every day
- for Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Shopping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Appointments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Socialising/Sport:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.2 How often do you find it difficult to get a Council parking space where/when you need it?**

	Never	Seldom few times a year	Occasionally every month	Regularly every week	Daily every day
- for Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Shopping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Appointments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Socialising/Sport:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.3 If you cannot get a parking space right at your destination, do you:**

- drive around until you find one close by; or

- park at first available space, and then walk to your destination?

	Drive around until find nearby space	Park at first space then walk
- for Work:	<input type="checkbox"/>	<input type="checkbox"/>
- for Shopping:	<input type="checkbox"/>	<input type="checkbox"/>
- for Appointments:	<input type="checkbox"/>	<input type="checkbox"/>
- for Socialising/Sport:	<input type="checkbox"/>	<input type="checkbox"/>
- for Other:	<input type="checkbox"/>	<input type="checkbox"/>

**B.4 How long do you usually need to park, so that you have enough time to complete your activities?**

	Quick 0 – 15 mins	Short 15 - 30 mins	Medium 30 – 60 mins	Long 1 – 2 hrs	Extended more than 2 hrs
- for Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Shopping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Appointments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Socialising/Sport:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- for Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.5 Do the existing time limits on Council parking spaces give you enough time to complete your activities?**

	No There's not enough time	Yes, but ... I wish there was more time	Yes I have enough time
- Queenstown:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zeehan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Strahan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rosebery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Tullah:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.6 Have problems with parking in any of our towns made you change how often you shop or meet there?**

	No There's no change	No, but ... I have thought about it	Yes I go less often, or go somewhere else
- Queenstown:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zeehan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Strahan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rosebery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Tullah:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## B.7 Which type of parking would you prefer to use?

	Kerb-side (edge of road)	Off-street Carpark in Central location
- for Work:	<input type="checkbox"/>	<input type="checkbox"/>
- for Shopping:	<input type="checkbox"/>	<input type="checkbox"/>
- for Appointments:	<input type="checkbox"/>	<input type="checkbox"/>
- for Socialising/Sport:	<input type="checkbox"/>	<input type="checkbox"/>
- for Other:	<input type="checkbox"/>	<input type="checkbox"/>

## B.8 How do you rate other parts of access arrangements in our communities?

	1 Bad	2 Poor	3 Average	4 Good	5 Excellent
- Directional Signage: <i>(eg. to locate carparking, to locate local attractions/destinations, etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Information Signage: <i>(eg. advising parking time limits, fees, etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Quality of Parking Surface: <i>(eg. is it level or uneven? Are there cracks or potholes? etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Quality of Footpaths / Pavement: <i>(eg. is footpath wide enough? Is there enough separation from traffic? Is it level or uneven? etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Number of Disabled Parking Spaces: <i>(eg. are there enough? Are they close enough to destination?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Number of RV / Large Vehicle Spaces: <i>(eg. are there enough? Are they close enough to destination?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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## B.9 Do you have additional information or comments about Council parking and access in our community?

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## Would you like to be contacted for a short (5 minute) follow-up discussion?

No	Yes (contact details below)
<input type="checkbox"/>	<input type="checkbox"/>

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**C. QUESTIONS FOR BUSINESS OWNERS**

**C.1 How many people attend your business each day?**

	Low Season	Average	High Season
- Staff:	_____ /day	_____ /day	_____ /day
- Suppliers:	_____ /day	_____ /day	_____ /day
- Local Customers:	_____ /day	_____ /day	_____ /day
- Tourists and Visitors:	_____ /day	_____ /day	_____ /day

**C.2 How much vehicle parking is available for people to access your business?**

	Private Parking on your property	Very Close 0-1 min walk	Nearby 1- 3 min walk	General Area 3-5 min walk
- for Staff:	_____ spaces	_____ spaces	_____ spaces	_____ spaces
- for Suppliers:	_____ spaces	_____ spaces	_____ spaces	_____ spaces
- for Customers:	_____ spaces	_____ spaces	_____ spaces	_____ spaces
- Disabled Access Parking:	_____ spaces	_____ spaces	_____ spaces	_____ spaces
- RVs and Large Vehicles:	_____ spaces	_____ spaces	_____ spaces	_____ spaces
- for Bikes:	_____ spaces	_____ spaces	_____ spaces	_____ spaces

**C.3 Do you experience complaints about parking and access to your business being difficult or unavailable?**

	Never	Seldom few times a year	Occasionally every month	Regularly every week	Daily every day
- from Staff:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- from Suppliers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- from Local Customers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- from Tourists / Visitors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C.4 How long do people typically need to park to properly utilise your business or services?**

	Quick 0 – 15 mins	Short 15 - 30 mins	Medium 30 – 60 mins	Long 1 – 2 hrs	Extended more than 2 hrs
- Suppliers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Local Customers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Tourists / Visitors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C.5 Do the existing time limits on Council parking spaces give clients enough time to access your business?**

	No There's not enough time	Yes, but ... They want more time	Yes They have enough time
-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C.6 Do you believe there is a problem of long or extended parking near your business reducing access and availability for quick or short term parking?**

	No That is not a problem	Yes, but ... It only happens occasionally	Yes It is a problem
-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C.7 How do you rate the Council parking facilities in the vicinity of your business?**

	1 Bad	2 Poor	3 Average	4 Good	5 Excellent
- Number / Capacity: <i>(ie. are there enough spaces?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Proximity / Location: <i>(ie. are the spaces close enough to your business?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## C.8 How do you rate other aspects of the access arrangements in the vicinity of your business?

	1 Bad	2 Poor	3 Average	4 Good	5 Excellent
- Directional Signage: <i>(eg. to locate carparking, to locate local attractions/destinations, etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Information Signage: <i>(eg. advising parking time limits, fees, etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Quality of Parking Surface: <i>(eg. is it level or uneven? Are there cracks or potholes? etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Quality of Footpaths / Pavement: <i>(eg. is footpath wide enough? Is there enough separation from traffic? Is it level or uneven? etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Disabled Parking Spaces: <i>(eg. are there enough? Are they close enough?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- RV / Large Vehicle Parking Spaces: <i>(eg. are there enough? Are they close enough?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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## C.9 Do you have additional information or comments about Council parking and access for your business?

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## Would you like to be contacted for a short (5 minute) follow-up discussion?

No	Yes (contact details below)
<input type="checkbox"/>	<input type="checkbox"/>

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business/Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**D. QUESTIONS FOR VISITORS AND TOURISTS**

**D.1 What type of vehicle did you use to visit the West Coast?**

	Car	Car plus Caravan	RV / Campervan	Motorbike	Bicycle	Other
-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D.2 How did you rate the visitor information and direction signs on the West Coast?**

*eg. was it easy to find your destination and the attractions at each town? etc*

	1 Bad	2 Poor	3 Average	4 Good	5 Excellent
- Visitor/Destination Location Signs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D.3 How did you rate the parking location signs on the West Coast?**

*eg. could you locate off-street car parks, and their access driveways? etc*

	1 Bad	2 Poor	3 Average	4 Good	5 Excellent
- Parking Location Signs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D.4 How did you rate the parking information signs on the West Coast?**

*eg. was it clear how long you could park for? The parking fee costs? The locations of ticket machines? etc*

	1 Bad	2 Poor	3 Average	4 Good	5 Excellent
- Parking Information Signs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D.5 How close to your destination / attraction were you able to park?**

	At the Destination	Very Close 0-1 min walk	Nearby 1- 3 min walk	General Area 3-5 min walk	Away > 5 min walk
- Queenstown:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zeehan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Strahan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rosebery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Tullah:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D.6 How long did you need to park, so that you had enough time to complete your activities?**

	Quick 0 – 15 mins	Short 15 - 30 mins	Medium 30 – 60 mins	Long 1 – 2 hrs	Extended more than 2 hrs
- Queenstown:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zeehan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Strahan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rosebery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Tullah:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D.7 Did the time limits on your car parking spaces give you enough time to complete your activities?**

	No Was not enough time	Yes, but ... We wanted more time	Yes We had enough time
-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D.8 How did you rate the parking for Large Vehicles (RVs, campervans, caravans, etc)?**

*eg. could you find them? Were there enough? Were they large enough for your vehicle? etc*

	1 Bad	2 Poor	3 Average	4 Good	5 Excellent
- RV / Large Vehicle Parking Spaces:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D.9 How did you rate the parking for disabled and special access needs?**

*eg. could you find them easily? Were they close to attraction/destination? etc*

	1 Bad	2 Poor	3 Average	4 Good	5 Excellent
- Disabled Parking Spaces:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## D.10 How did you rate the footpaths and pavements on the West Coast?

*eg. is footpath wide enough? Is there enough separation from traffic? Is it level or uneven? etc*

- |                                    | 1 Bad                    | 2 Poor                   | 3 Average                | 4 Good                   | 5 Excellent              |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| - Quality of Footpaths / Pavement: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## D.11 Were the fees charged for parking appropriate for the location and duration you used the carpark?

- |                 | 1 Bad                    | 2 Poor                   | 3 Average                | 4 Good                   | 5 Excellent              |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| - Parking fees: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## D.12 Do you have additional information or comments about parking and access from your visit?

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## Would you like to be contacted for a short (5 minute) follow-up discussion?

- | No                       | Yes (contact details below) |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/>    |

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_