

COLEMAN STREETSCAPING QUESTIONNAIRE

Please complete the following questionnaire to provide your feedback on the project.

1. Which category do you best represent?

- Business Owner/Manager Resident

2. Which of the following do you feel need careful consideration? (Check all that apply)

- Timing of Construction
 Business Access and Interruption
 Residential Service Interruption
 Maintenance of Historical Integrity

Comments:

3. How important are the following to you? (Indicate on a scale of 1-5 with 1 being the most important.)

Priority Items	1	2	3	4	5
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Landscaping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hardscaping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike Lanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic Flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of Place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historical Preservation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Which Concept do you feel would be the best option?

- Concept #1 Concept #2

Reason: _____

5. General Comments:

Thank you for your input.