

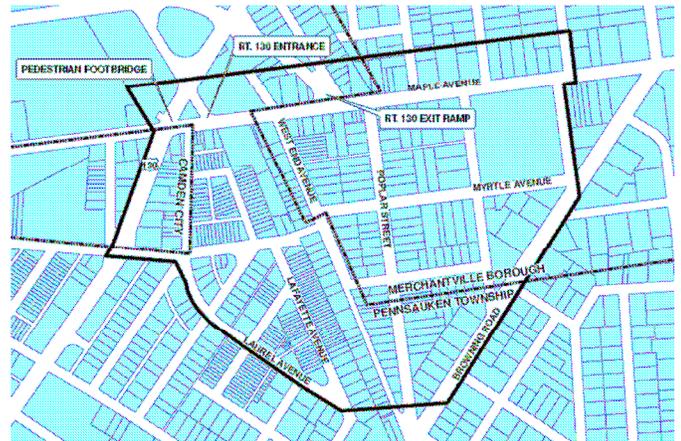
# WEST MAPLE NEIGHBORHOOD SURVEY



## Neighborhood Task Force

Camden | Merchantville | Pennsauken

"Making Things Happen"



West Maple Neighborhood

### Dear Member of the West Maple Neighborhood:

You are in the best position to recommend changes that would most improve your neighborhood. Please take a few minutes to fill out the attached Neighborhood Survey. There are no wrong answers and all responses will be kept anonymous.

Completed surveys should be returned by **March 29, 2011** to any of the following:

- Drop Off Box located at:
  - Masonry Preservation Group, 706 West Maple Avenue (inside office)
  - Merchantville Borough Hall, 1 West Maple Avenue (to the left of the Front Door)
  - Pennsauken Economic Development Dept, Municipal Building, 5605 N. Crescent Blvd
- Ragan Design Group, LLC (address, e-mail address, fax number are below)
- Public Workshop on March 29, 2011 at the Pennsauken Library, 5605 N. Crescent Blvd.

Camden, Merchantville, and Pennsauken have received a grant from the Delaware Valley Regional Planning Commission to develop an improvement plan for the neighborhood. Monthly Task Force meetings are being held on the second Thursday of the month at 10am in Merchantville Borough Hall. The information you provide in the attached survey will assist in our efforts to improve the quality of life in your neighborhood. If you are a resident or business located in the West Maple Neighborhood and you are interested in participating as a Task Force member, please contact us.

**We encourage you to join us at an evening public visioning workshop on Tuesday, March 29, 2011 at 6:30pm at the Pennsauken Library**, located at 5605 Crescent Boulevard, Pennsauken, NJ 08110. The challenges of the neighborhood and opportunities for improving the neighborhood will be discussed. Everyone is welcome!

Sincerely,

Mara Wuebker, PP/AICP  
Project Planner, Ragan Design Group, LLC  
[maraw@ragandesign.com](mailto:maraw@ragandesign.com)

# WEST MAPLE NEIGHBORHOOD SURVEY

**A. BACKGROUND**

1. **What city or town are you located in?** Camden \_\_\_\_ Merchantville \_\_\_\_ Pennsauken \_\_\_\_

2. **Are you a resident, business, or property owner in the neighborhood? Please check all that apply.**

Resident \_\_\_\_ Business \_\_\_\_ Property Owner \_\_\_\_

3. **We would like to keep you informed of the study and we do not want language to be a barrier to participation. For the purpose of assessing communication opportunities, what is the primary language spoken in your household?** \_\_\_\_\_

**B. QUALITY OF LIFE**

4. **Please rate the following conditions in the West Maple neighborhood. Check one box for each category.**

Conditions	Excellent	Good	Fair	Bad	Comments
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housing Conditions*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sidewalk Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roadway Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Goods/Services Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recreation Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Racial & Ethnic Harmony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*i.e., space, privacy, housing comfort, housing maintenance

5. **Please rate the following services in the West Maple neighborhood. Check one box for each category.**

Services	Excellent	Good	Fair	Bad	Comments
Garbage Pick Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Street Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Snow Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patrols to Prevent Crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enforcement: Parking Violations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enforcement: Speeding Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enforcement: Property Maintenance Codes and Zoning Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication with Residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. **Are any of the following concerns in the West Maple Neighborhood?**

Concerns	Yes	No	Concerns	Yes	No
Abandoned Cars or Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	Vacant buildings	<input type="checkbox"/>	<input type="checkbox"/>
Run Down or Blighted Buildings	<input type="checkbox"/>	<input type="checkbox"/>	Overgrown Weeds or Poorly Maintained Yards	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti	<input type="checkbox"/>	<input type="checkbox"/>	Unattractive Entrance into Neighborhood from Route 130	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	Other: please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

# WEST MAPLE NEIGHBORHOOD SURVEY

## C. CIRCULATION

7. Do you feel safe walking or bicycling in the West Maple neighborhood? Check one box for each category.

Categories	Very Safe	Safe	Somewhat unsafe	Not safe	Comments
In the Daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Would any of the following increase your desire to walk or ride a bicycle in your neighborhood?

Conditions	Yes	No	Comments
More Lighting along Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	
More Crosswalks to Safely Cross Street 	<input type="checkbox"/>	<input type="checkbox"/>	
Designated Bicycle Lane	<input type="checkbox"/>	<input type="checkbox"/>	
More Accessibility for Disabled Persons 	<input type="checkbox"/>	<input type="checkbox"/>	
More Police Patrol in Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	
Slower Car Speeds in Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	
More Places to go to in Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	
Secure Places to Park your Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	
Other <u>(please specify)</u>	<input type="checkbox"/>	<input type="checkbox"/>	

9. Do you use public bus transportation? Yes \_\_\_\_ No \_\_\_\_

10. How often do you use the footbridge that crosses over Route 130?

Question	Often	Sometimes	Rarely	Never	Comments
How often do you use the Footbridge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. Would any of the following conditions increase your desire to use the footbridge?

Conditions	Yes	No	Comments
More Lighting along Footbridge	<input type="checkbox"/>	<input type="checkbox"/>	
More Places to go on the other side	<input type="checkbox"/>	<input type="checkbox"/>	
More Attractive Entrance to Footbridge	<input type="checkbox"/>	<input type="checkbox"/>	
Accessibility for Disabled Persons 	<input type="checkbox"/>	<input type="checkbox"/>	

12. Are any of the following concerns in the West Maple Neighborhood?

Concerns	Yes	No	Concerns	Yes	No
Need More Areas for Public Parking	<input type="checkbox"/>	<input type="checkbox"/>	Too Many Motor Vehicles Speeding through Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>
Too Many Motor Vehicles Driving Through Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	Too Many One-Way Streets	<input type="checkbox"/>	<input type="checkbox"/>

## D. RECREATION

13. Do you use Wellwood Park? What type of recreation facilities would you like to see there?

Question	Yes	No	Comments/Desired Facilities
Do you use Wellwood Park?	<input type="checkbox"/>	<input type="checkbox"/>	

# WEST MAPLE NEIGHBORHOOD SURVEY

**E. NEIGHBORHOOD GOODS AND SERVICES**

**14. What type of products or services would you like to see located in your neighborhood in the future?**

Categories	Yes	No	Comments
Automotive services/parts	<input type="checkbox"/>	<input type="checkbox"/>	
Alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	
Bakery	<input type="checkbox"/>	<input type="checkbox"/>	
Bank	<input type="checkbox"/>	<input type="checkbox"/>	
Clothing/shoes	<input type="checkbox"/>	<input type="checkbox"/>	
Café/restaurant	<input type="checkbox"/>	<input type="checkbox"/>	
Coffee shop	<input type="checkbox"/>	<input type="checkbox"/>	
Convenience store	<input type="checkbox"/>	<input type="checkbox"/>	
Farmer's market/craft fair	<input type="checkbox"/>	<input type="checkbox"/>	
Gas station	<input type="checkbox"/>	<input type="checkbox"/>	
Grocery Store	<input type="checkbox"/>	<input type="checkbox"/>	
Grocery store (specialty)	<input type="checkbox"/>	<input type="checkbox"/>	
Hair salon	<input type="checkbox"/>	<input type="checkbox"/>	
Hardware/garden supplies	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry/dry cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
Medical/dental/vision services	<input type="checkbox"/>	<input type="checkbox"/>	
Nail salon	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	
Police Sub-station	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Office (engineer, architect, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Other products, services, activities (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

**F. SENSE OF COMMUNITY**

**15. Please answer the following questions about the sense of community in the West Maple Neighborhood.**

Categories	Yes	No	Comments
Do you feel that members of your neighborhood matter to one another?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel that your city/town cares about the needs and opinions of the members of your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	

**G. ADDITIONAL COMMENTS**

**16. Do you have any additional comments or suggestions for improving the West Maple Neighborhood?**

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**Thank you for your participation!**