

Village of Grand View on Hudson River Road (CR-1) - Resident Survey

This survey is being conducted to determine the extent of existing on-street parking on River Road, and for the Design Engineers to obtain information that is useful for the design and construction of the project. Please review this survey, answer the questions to the best of your ability. You can return the completed survey to Rockland County Highway Department using the enclosed self addressed stamped envelope. Thank-you for your information provided in this survey.

1. How many vehicles are presently being parked at your residence?

Please circle one: 1 2 3 more than 3

2. Do you park vehicles on River Road during the daylight hours?

Please circle one: frequently seldom never

If you do, how many vehicles are parked?

Please circle one: 1 2 more than 2

3. Do you park vehicles on River Road during the overnight hours?

Please circle one: frequently seldom never

If you do, how many vehicles are parked?

Please circle one: 1 2 more than 2

4. The reason(s) for parking overnight are:

Circle all that apply:

- a. I have no garage or driveway.
- b. My driveway is not long enough to park all my vehicles.
- c. I have a pull-off area, but it is not large enough to park all my vehicles.
- d. I have friends or family visiting during weekends, special events and holiday's seasons.

5. Do you have a home office or business that brings clients to your residence that may have to park on River Road in front of your residence?

Please circle one: yes no

6. How often do clients come to your home office?

Please circle one: daily once per week never

7. Would you be willing to discuss the sale of a strip of property to the County to provide an on-street parking lane, considering the impact to your property frontage?

Impacts may be one or more of the following:

- removal of mature trees and shrubs
- re-grading of road side area to a steeper slope with a planted ground cover
- removal or replacement of an existing retaining or decorative wall

Please circle one: yes no do not know

8. Do you use the local commuter bus service (i.e. Red and Tan Lines) along River Road to get to and from your work place on a daily basis?

Please circle one: yes no

If yes, how many times a week do you use the bus service?

Please circle one: 1 2 3 more than 3

9. In order to determine what affect the proposed project may have on your property and to minimize any problems, concerns or inconveniences during the construction phase, please check the appropriate response to the items list below:

	Yes	No
1. Do you have a heated driveway area?		
2. Do you have a buried watering system for your landscaping, buried electric, telephone or other services along the road frontage?		
3. Is your residence connected to a private septic system?		
4. Is your residence connected to the Town sewer system?		
5. Do you have a lift station or pump to move waste water to the local sewer system or to your septic tank? (For properties located between the roadway and the river.)		
6. Do you have any plans or sketches that may show construction details of the existing retaining walls on your property that are along the roadway frontage?		
7. Do you have any cellar floor drains, garage floor drains, sump pumps discharge lines, roof gutters or other <u>active</u> drain lines from your property connected to the roadway drainage system?		
8. Does anyone at your residence have any special needs that may be affected by possible temporary interruption of services; such as water, electric, ...etc. or by the removal of the paved surfaces in your driveway area? Please explain: _____		

Name _____
(Please print)

Address _____

Thank you for taking the time to complete the survey.