



St Albans
CITY AND DISTRICT

THE PLANNING DEPARTMENT
CUSTOMER SATISFACTION
SURVEY
ENFORCEMENT SECTION

This leaflet can be obtained in alternative formats, eg. in braille, large print, on audio tape, or e-mail by contacting the council's public relations section on tel: 01727 819316

اس میگزین کے مضامین کے اپنی زبان میں ترجمہ کے بارے میں اگر آپ ایک کونسل آفیسر سے بات کرنا چاہیں تو برائے مہربانی ٹیلیفون نمبر 01727 819463 پر نمٹا ترجمہ سے بات کریں۔

আপনি যদি এই ম্যাগাজিনের বিষয়-বস্তুর বাংলা ভাষায় অনুবাদ নিয়ে কাউন্সিলের কোন একজন অফিসারের সাথে আলাপ করতে চান, তাহলে মমতাজ রহিমকে 01727 819463 নম্বরে ফোন করুন।

St Albans District Council,
St Peter's Street,
St Albans AL1 3JE
Telephone: 01727 866100



www.stalbans.gov.uk

HELPFUL HINTS FOR COMPLETING THIS QUESTIONNAIRE

- Please read each question carefully and tick a box to indicate your answer.
- In most cases you will only have to tick one box but please read the questions carefully as sometimes you will need to tick more than one box.
- Answer the next question unless asked otherwise.
- Once you have finished please take a minute to check you have answered all the questions that you should have answered.
- If you have made more than one complaint in the last 12 months please answer on the basis of your overall experience during that time rather than any specific complaint.
- The survey consists of 5 pages and should take no longer than 10 minutes to complete.
- If you have any queries about the questionnaire please do not hesitate to contact Sue Barnard, Development Control Manager (Tel No 01727 866100, Ext 2527) or Norman Smith, Senior Planning Enforcement Officer (direct dial 819346).
- Once you have completed the questionnaire please return in the pre-addressed envelope supplied by 28 November 2003. **You do not need to add a stamp**
- If you cannot find or did not receive the pre-addressed envelope please telephone Carmel King, Special Projects Officer (Tel: 01727 866100, Ext 2704) and submit your request.

Your Experience with the Planning Department

Q1. After initially contacting the Council, did you receive an acknowledgement from the Council with the details of the Planning Enforcement Officer who would be investigating your concerns? PLEASE TICK ONE BOX

Yes No

Q2. If yes, did you find this helpful? PLEASE TICK ONE BOX

Yes No

Q3. If you did not receive an acknowledgement, did you speak directly to a Planning Enforcement Officer when you initially contacted the Council? PLEASE TICK ONE BOX

Yes No

Q4. If you contacted the Enforcement Section by telephone and left a message on the ansaphone, was your message acknowledged within 24 hours? PLEASE TICK ONE BOX

Yes No

Q5. Please indicate whether you agree or disagree with each of the following statements about your experience of the council's enforcement section:

PLEASE TICK ONE BOX IN EACH ROW	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	It does not apply/ Don't know
The Planning Enforcement Officer kept you informed of the progress being made in investigating your concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Council dealt helpfully with any queries you may have had about the progress of your complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Council dealt promptly with any enquiries you may have had about the progress of your complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6. **If there was not a breach of planning control, did you receive an explanation why planning permission was not required? PLEASE TICK ONE BOX.**

Yes No

Q7. **If there was a breach of planning control, did you receive an explanation of the actions available to the Council? PLEASE TICK ONE BOX**

Yes No

Q8. **Notwithstanding the Council's decision on what action to take, were you satisfied with the explanation given regarding the actions available to the Council as the Local Planning Authority having regard to the relevant Planning Legislation and Central Government Advice? PLEASE TICK ONE BOX**

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

Q9. **If you disagree, can you suggest improvements we might make?**

Q10. **How satisfied were you with the time scale of the progress made in investigating your concerns? PLEASE TICK ONE BOX**

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

Q11. **If you were dissatisfied, at what stage do you consider delay occurred? PLEASE TICK ONE BOX**

- (a) Between your initial contact with the Council and the Enforcement Officer contacting you
 - (b) During the course of investigating your concerns, taking into consideration the need for the Council to obtain further information/evidence
 - (c) Advising you of a Planning Committee decision
 - (d) In issuing any necessary Enforcement Notice following a Planning Committee decision
-

Overall Satisfaction with the Service

Q12. The standard of customer service from Enforcement staff was high.
PLEASE TICK ONE BOX

- | | | | | | |
|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|-------------------------------------|
| Strongly
Agree | Agree | Neither
Agree nor
Disagree | Disagree | Strongly
Disagree | It does not
apply/ Don't
know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q13. If you disagree, please say in what respects your expectations were not met.

ABOUT YOURSELF

To ensure that we are meeting the needs of all applicants it is important that we ask you a few questions about yourself. As with all the questions, your answers will be completely confidential.

PLEASE NOTE: IF YOU ARE AN AGENT ANSWER THESE QUESTIONS ABOUT YOURSELF NOT ON BEHALF OF A CLIENT

Q14. Are you male or female? PLEASE TICK ONE BOX

- Male..... Female

Q15. What was your age on your last birthday?
PLEASE WRITE IN

Years

Q16. Which of these activities best describes what you are doing at present?
PLEASE TICK ONE BOX

- | | | | |
|--|--------------------------|--|--------------------------|
| Employee in full-time job (30 hours plus per week) | <input type="checkbox"/> | Unemployed and available for work | <input type="checkbox"/> |
| Employee in part-time job (under 30 hours per week) | <input type="checkbox"/> | Permanently sick/disabled | <input type="checkbox"/> |
| Self employed full or part-time | <input type="checkbox"/> | Wholly retired from work | <input type="checkbox"/> |
| On a government supported training programme (e.g. Modern Apprenticeship/ Training for Work) | <input type="checkbox"/> | Looking after the home | <input type="checkbox"/> |
| Full-time education at school, college or university | <input type="checkbox"/> | Doing something else (please write in) | <input type="checkbox"/> |
-

Q17. Do you have any long-standing illness, disability or infirmity? (long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time) PLEASE TICK ONE BOX

- | | | |
|-----|--------------------------|---------------------------------------|
| Yes | <input type="checkbox"/> | Please answer the next question (Q16) |
| No | <input type="checkbox"/> | Go to Q14 |
-

Q18. Does this illness or disability limit your activities in any way? PLEASE TICK ONE BOX

- Yes No
-

Q19. Are you or is your organisation?
PLEASE TICK ONE BOX

- | | | | |
|----------------------|--------------------------|---|--------------------------|
| Resident | <input type="checkbox"/> | Chamber of Commerce/Business Organisation | <input type="checkbox"/> |
| Consultant | <input type="checkbox"/> | Amenity Group/Society | <input type="checkbox"/> |
| Parish Council | <input type="checkbox"/> | Town Council | <input type="checkbox"/> |
| Resident Association | <input type="checkbox"/> | Government/Statutory Agency/Organisations | <input type="checkbox"/> |
| Developer | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
-

Q20. To which of these groups do you consider you belong to? PLEASE TICK ONE BOX

- | | | | |
|--|--------------------------|--|--------------------------|
| White | | Black or Black British | <input type="checkbox"/> |
| British | <input type="checkbox"/> | Caribbean..... | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | African..... | <input type="checkbox"/> |
| Any other White background (PLEASE WRITE IN) | | Any other Black background (PLEASE WRITE IN) | |
-

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background
(PLEASE WRITE IN)

Chinese

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
(PLEASE WRITE IN)

Other ethnic group
(PLEASE WRITE IN)

Do you have any comments?

Thank you very much for taking part in this survey.