


Irvington Neighborhood Survey

This survey will assist the planning team in identifying the condition of Irvington. Your opinions are important and appreciated, and will be kept confidential. Thanks for your help!

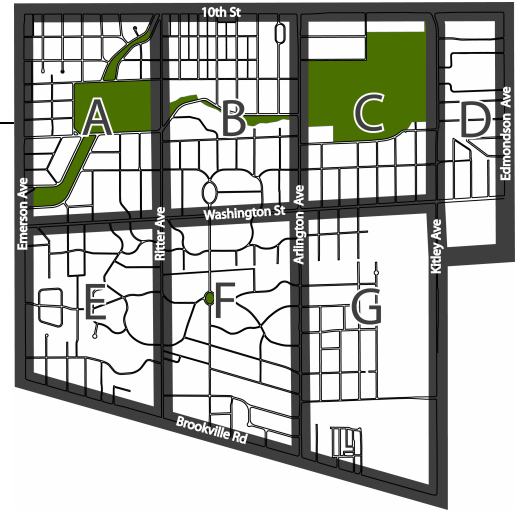
-Location Information-

Please tell us who you are. (select all that apply)

resident business owner developer/building owner
 other If other, please describe _____

In which portion of Irvington do you live, own property, or operate a business? (select all that apply) 

A B C D E F G none



What street do you live on? _____

What is your street number? (optional) _____

What *two* things do you like most about your neighborhood?

1. _____
2. _____

What are the *two* most important issues in the neighborhood?

1. _____
2. _____

Name the *two* most frequent neighborhood complaints you hear.

1. _____
2. _____

In your opinion, what are the top *three* things below that would improve your neighborhood the most?

- | | |
|----------------------------------|---------------------------------------|
| Improvements to businesses | Youth employment programs |
| Repair of houses | After school programs |
| Medical services | Trash collection |
| Street maintenance | Public transportation |
| Maintenance of public facilities | Senior citizen programs |
| Recreation programs for youth | Improved parks and greenways |
| Childcare facilities | Police protection and safety programs |
| Communication with neighbors | More retail variety |
| Washington Street improvements | Other _____ |
| New cultural destinations | Other _____ |
| Local historic designation | Other _____ |

Is noise pollution a problem in your neighborhood? Yes No

Is flooding a problem in your neighborhood? Yes No

Are there parking problems in your neighborhood? Yes No

-Retail and Business-

How do you feel about the appearance of retail areas in Irvington?

	<u>Adequate</u>	<u>Needs Some Improvement</u>	<u>Needs Significant Improvement</u>
Cleanliness of streets/sidewalk			
Streetscaping (lights, banners)			
Storefront appearances			
Signage			
Other			
If other, please describe:	_____		

How often do you or household members use the following retail and service establishments WITHIN Irvington?

	<u>Daily</u>	<u>2-3 times /week</u>	<u>Once/week</u>	<u>Once/month</u>	<u>Less than Once/month</u>	<u>Never</u>
Grocery store						
Clothing store						
Pharmacy						
Convenience store						
Used furniture store						
Sit-down restaurant						
Resale shop						
Gas station						
Offices (e.g. attorneys)						
Medical services						
Bakery/coffee shop						
Hardware store						
Church						
Hair salon/barber						
Bike store						
Antique store						
Childcare						
Other						
If other, please describe:	_____					

What would increase your use of retail and service establishments within Irvington? (select all that apply)

More accessible parking	More store variety	More variety of products
Longer store hours	Improved store maintenance	Improved store management
Other _____		

Please rate Irvington businesses on the following:

	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
Serving your daily shopping needs			
Providing a clean and pleasant space			
Easy to get to and park at			
Positively affecting your property values			

What products or services do you feel are lacking in the Irvington neighborhood?

What is the need for the following types of retail and service establishment to locate in Irvington, based on existing businesses?

	<u>Great Need</u>	<u>Some Need</u>	<u>No Need</u>
Grocery store			
Clothing store			
<u>Pharmacy</u>			
Convenience store			
Furniture store			
<u>Electronics store</u>			
Sit-down restaurant			
Fast food restaurant			
<u>Sporting goods store</u>			
Resale shop			
Gas station			
<u>Video rental</u>			
Offices(e.g. attorneys)			
Bank/ATM			
<u>Medical services</u>			
Legal services			
Bakery/coffee shop			
<u>Bookstore</u>			
Hardware store			
Churches			
<u>Printing/office supplies</u>			
Dry cleaning/laundry			
Hair salon/barber			
<u>Childcare</u>			
Other			
If other, please describe:			

When you and your family travel AROUND Irvington to get to school, the store, the library, and other places, how often do you get there by:

	<u>Always</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
Walking					
Bicycle					
Bus					
Taxi					
Car					

-Traffic and Circulation-

Please rate traffic and circulation conditions in Irvington.

	<u>Adequate</u>	<u>Needs Some Improvement</u>	<u>Needs Significant Improvement</u>
Enforcement of traffic laws			
Clearly defined crosswalks			
<u>Accessible parking</u>	_____		
Bike racks			
Bus service			
Other			
If other, please describe:	_____		

Are there locations of major traffic problems in your neighborhood? Yes No
If yes, please describe the locations. _____

If yes, what causes the traffic problems? _____

Are there intersections that are dangerous for vehicles and pedestrians? Yes No
If yes, please describe the locations. _____

If yes, what causes the danger? _____

Which *two* streets in the neighborhood need sidewalks or sidewalk improvements the most?

<u>Street Name</u>	<u>Side of Street</u>	<u>between Streets</u>	
1.			and
2.			and

-Parks-

How often do you use Ellenberger Park?

Daily Weekly Monthly Couple of times a year Never

If you only use Ellenberger Park a couple time a year or never, what are the reasons why?

Which *two* facility improvements would be most beneficial at Ellenberger Park?

Sporting fields	Ice rink	Tennis courts
Picnic shelters/areas	Swimming pool	Passive recreation/wooded areas
Playground	Park trails	Other _____

If you had an option between a new ice rink or a new community center at Ellenberger Park, which would you choose?

New Ice rink New Community Center

-Safety and Security-

Please rate safety and security in the Irvington neighborhood?

	<u>Adequate</u>	<u>Needs Some Improvement</u>	<u>Needs Significant Improvement</u>
Lighting on commercial streets			
Lighting on residential streets			
<u>Lighting in parking lots</u>			
Police presence			
Other			
If other, please describe: _____			

Is your household part of a CrimeWatch program?

Yes No Don't know

How safe do you feel in the following circumstances?

	<u>Safe</u>	<u>Somewhat Safe</u>	<u>Neutral</u>	<u>Somewhat Threatened</u>	<u>Threatened</u>
During the day on your block?					
During the night on your block?					
During the day in Irvington?					
During the night in Irvington?					

How do you feel about the following issues in Irvington?

	<u>Not an Issue</u>	<u>Minor Issue</u>	<u>Major Concern</u>
Traffic			
Pedestrian and bicycle safety			
<u>Prostitution</u>			
Vandalism			
Illegal drugs			
<u>Gangs</u>			
Other crime related activity			
If other, please describe: _____			

In your opinion, how would each of the following improve overall safety and security in the Irvington neighborhood?

	<u>Greatly Improve</u>	<u>Somewhat Improve</u>	<u>Would Not Improve</u>
Increased homeownership			
Decreasing speed limits on residential streets			
<u>Decreasing speed limits on arterial streets</u>			
Adding stop signs or traffic signals			
Increased CrimeWatch efforts			
<u>Increased code enforcement</u>			
Increased recreational programs			
Increased employment opportunities			
Other			
If other, please describe: _____			

Based on your personal experience, how satisfied are you with your neighborhood?

	Very <u>Satisfied</u>	<u>Satisfied</u>	<u>Uncertain</u>	<u>Disatisfied</u>	Very <u>Disatisfied</u>
Diversity of housing					
Quality of retail activity					
<u>Location of retail activity</u>					
Location of parks and green space					
Pedestrian and bicycle facilities					
<u>Traffic movement</u>					
Availability of bus service					
Visual quality of neighborhood					
<u>Safety and security</u>					
Other					
If other, please describe: _____					

-Household Information- *(optional- for neighborhood residents only)*

How many years have you lived in Irvington? 0-2 3-5 6-10 11-20 Over 20

How many years have you lived at your present location? 0-2 3-5 6-10 11-20 Over 20

Please tell us why you choose to live in the Irvington neighborhood? *(select all that apply)*

Born/raised in neighborhood	Community atmosphere	Appearance of neighborhood
Affordable housing	Safety and security	Access to jobs
Access to services	Proximity to shopping	Proximity to downtown
Proximity to transit	Cost of living	Low taxes
Good schools	Religious institutions	Other
If other, please describe: _____		

Are you a homeowner or renter? Homeowner Renter

What type of residential building do you live in?

Single-family Two-family Apartment building Elderly housing
 Other If other, please describe: _____

What is your age? 17 and under 18-29 30-44 45-64 65 or older

Are you male or female? male female

Number of children under the age of 18 in your household: 0 1-2 3-5 6+

How many people live in your household? 0 1-2 3-5 6+

(If employed) In which of these areas do you work?

Irvington Elsewhere on the East Side Downtown
 Outside of the metropolitan area In the Indianapolis metropolitan area, but not East or Downtown

What is the total estimated annual income of all persons living in your household?

\$0-\$14,999 \$15,000-\$24,999 \$25,000-\$49,999 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000+