

## JEFFERSON, MADISON AND SALEM TOWNSHIP COMMUNITY OPINION SURVEY

Jefferson, Madison and Salem Townships are preparing a Comprehensive Plan. We need your help! Your name has been chosen at random to receive a community survey being sent to only 10% of all voters and taxpayers. Your participation is, therefore, crucial.

This survey is intended to assess your feelings about your Township and your expectations about the future. Please keep this in mind when answering the survey questions. You should read the entire survey before you begin to answer the questions. Some questions ask for only one response while others ask for multiple answers. Also, if more than one person in your household would like to respond to the opinion questions, please feel free to pick up an additional survey form at the Township Buildings or visit the project website at: [www.shepstone.net/JMS](http://www.shepstone.net/JMS).

Please return it in the enclosed pre-addressed, postage paid, envelope as soon as possible. Surveys mailed after April 19 cannot be included in the results. The data will be COMPLETELY CONFIDENTIAL and will be tabulated by our consultants. Public meetings are planned for the near future to present the results.

1) **Which of these Townships do you live in or have a 2nd home in? (Check for primary residence)**

<input type="checkbox"/>	Jefferson Township, Lackawanna County
<input type="checkbox"/>	Madison Township, Lackawanna County
<input type="checkbox"/>	Salem Township, Wayne County

2) **How many years in total have you lived in this Township?**

<input type="checkbox"/>	Less than 5 years	<input type="checkbox"/>	Less than 5 years
<input type="checkbox"/>	5 to 9 years	<input type="checkbox"/>	5 to 9 years
<input type="checkbox"/>	10 to 14 years	<input type="checkbox"/>	10 to 14 years
<input type="checkbox"/>	15 to 19 years	<input type="checkbox"/>	15 to 19 years
<input type="checkbox"/>	20 to 24 years	<input type="checkbox"/>	20 to 24 years
<input type="checkbox"/>	25+ years	<input type="checkbox"/>	25+ years
<input type="checkbox"/>	None - 2nd home owner	<input type="checkbox"/>	None - 2nd home owner

3) **How much land do you own in this Township?**

<input type="checkbox"/>	None, I rent
<input type="checkbox"/>	Less than 1 acre of land
<input type="checkbox"/>	2 to 5 acres
<input type="checkbox"/>	6 to 9 acres
<input type="checkbox"/>	10 to 19 acres
<input type="checkbox"/>	20 to 49 acres
<input type="checkbox"/>	50 to 99 acres
<input type="checkbox"/>	100 to 149 acres
<input type="checkbox"/>	150 to 199 acres
<input type="checkbox"/>	More than 20 acres

4) **What MOST influenced your ORIGINAL decision to live here? (Please check no more than 3)**

<input type="checkbox"/>	Affordable housing costs	<input type="checkbox"/>	Affordable housing costs
<input type="checkbox"/>	Born or raised here	<input type="checkbox"/>	Born or raised here
<input type="checkbox"/>	Close to friends/relatives	<input type="checkbox"/>	Close to friends/relatives
<input type="checkbox"/>	Close to work	<input type="checkbox"/>	Close to work
<input type="checkbox"/>	Low crime rate	<input type="checkbox"/>	Low crime rate
<input type="checkbox"/>	Low taxes	<input type="checkbox"/>	Low taxes
<input type="checkbox"/>	Quality of schools	<input type="checkbox"/>	Quality of schools
<input type="checkbox"/>	Quality of services	<input type="checkbox"/>	Quality of services
<input type="checkbox"/>	Rural atmosphere	<input type="checkbox"/>	Rural atmosphere

5) **Which of the following statements BEST describes your opinion of how the Township you live in has changed since the time you first moved here? (Please check only ONE)**

<input type="checkbox"/>	The Township has become a more desirable place to live.
<input type="checkbox"/>	The Township has become a less desirable place to live.
<input type="checkbox"/>	The Township has not changed noticeably in its desirability as a place to live.
<input type="checkbox"/>	I have not lived here long enough to form an opinion.

6) **What do you like LEAST about the Township? (Please check no more than 3)**

<input type="checkbox"/>	Cost of services/taxes	<input type="checkbox"/>	Increased density of population
<input type="checkbox"/>	Housing costs	<input type="checkbox"/>	Lack of job opportunities
<input type="checkbox"/>	Lack of cultural/recreation	<input type="checkbox"/>	Lack of land use regulation
<input type="checkbox"/>	Quality of services	<input type="checkbox"/>	Lack of shopping opportunities
<input type="checkbox"/>	Transportation difficulties	<input type="checkbox"/>	Too much regulation now

7) Please rate the importance of each of these aspects of the Township's environment to your personal quality of life:  (Circle your rating for each, using the following guide) 1 = Not that important 2 = Slightly important 3 = Moderately important 4 = Very important 5 = Extremely important	Air quality	1	2	3	4	5
	Drinking water quality	1	2	3	4	5
	Farmland	1	2	3	4	5
	Historic buildings	1	2	3	4	5
	Mature forests	1	2	3	4	5
	River access	1	2	3	4	5
	Scenic views	1	2	3	4	5
	Stream corridors	1	2	3	4	5
	Stream water quality	1	2	3	4	5
	Wetlands	1	2	3	4	5
	Wildlife habitat	1	2	3	4	5

8) Please rate the importance of regulating each of these aspects of land development in your Township:  (Circle your rating for each, using the following guide) 1 = Not that important 2 = Slightly important 3 = Moderately important 4 = Very important 5 = Extremely important	Business signs	1	2	3	4	5
	Commercial development near homes	1	2	3	4	5
	Density of development	1	2	3	4	5
	Hillside development	1	2	3	4	5
	Historic character	1	2	3	4	5
	Impact on streams	1	2	3	4	5
	Landscaping	1	2	3	4	5
	Preserving trees at commercial sites	1	2	3	4	5
	Protection of farmland	1	2	3	4	5
	Scenic impact	1	2	3	4	5
	Site design and layout	1	2	3	4	5

9) Modern technology and ease of travel has made it possible than ever to conduct businesses from residential locations.	Do you have an existing home occupation?		Would you like to have a home occupation?	
	Yes	Yes	Yes	Yes
	No	No	No	No

10) Please tell us to what extent you would generally favor spending your tax money adding, expanding or improving each of these:  (Circle your position on each, using the following guide) Reduce = Reduce Spending Continue = Continue Current Level Increase = Increase Spending	Ambulance services	Reduce	Continue	Increase
	Fire Protection	Reduce	Continue	Increase
	More playground facilities	Reduce	Continue	Increase
	Other youth-based activities	Reduce	Continue	Increase
	Picnic facilities	Reduce	Continue	Increase
	Police protection	Reduce	Continue	Increase
	Road maintenance	Reduce	Continue	Increase
	Senior activities center	Reduce	Continue	Increase
	Special clean-up days	Reduce	Continue	Increase

11) How old are you?	<25 years
	25-29 years
	30-34 years
	35-39 years
	40-44 years
	45-49 years
	50-54 years
	55-59 years
	60-64 years
	65-69 years
70-74 years	
75-79 years	
80+ years	

12) Where is the last place you lived prior to moving to your current address?	Elsewhere in Township
	Elsewhere in the County
	Elsewhere in Pennsylvania
	Always lived where I do now
	New York City/New Jersey Metropolitan Area
	Elsewhere in U.S. or outside U.S.

13) Are there any children under age 18 years living at home with you?	Yes
	No

14) Which of the following choices describe your current employment status? (You may choose more than one category)

Householder No. 1:	
<input type="checkbox"/>	Employed by others full-time
<input type="checkbox"/>	Employed by others part-time
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Self-employed full-time
<input type="checkbox"/>	Self-employed part-time
<input type="checkbox"/>	Student
<input type="checkbox"/>	Unable to work
<input type="checkbox"/>	Unemployed, seeking work

Householder No. 2:	
<input type="checkbox"/>	Employed by others full-time
<input type="checkbox"/>	Employed by others part-time
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Self-employed full-time
<input type="checkbox"/>	Self-employed part-time
<input type="checkbox"/>	Student
<input type="checkbox"/>	Unable to work
<input type="checkbox"/>	Unemployed, seeking work

15) Please indicate where you work.

Householder No. 1:	
<input type="checkbox"/>	The Township
<input type="checkbox"/>	Elsewhere in County
<input type="checkbox"/>	Luzerne County
<input type="checkbox"/>	Monroe County
<input type="checkbox"/>	Pike County
<input type="checkbox"/>	Lackawanna/Wayne County
<input type="checkbox"/>	New Jersey
<input type="checkbox"/>	New York

Householder No. 2:	
<input type="checkbox"/>	The Township
<input type="checkbox"/>	Elsewhere in County
<input type="checkbox"/>	Luzerne County
<input type="checkbox"/>	Monroe County
<input type="checkbox"/>	Pike County
<input type="checkbox"/>	Lackawanna/Wayne County
<input type="checkbox"/>	New Jersey
<input type="checkbox"/>	New York

16) How would you describe your present occupation?

Householder No. 1:	
<input type="checkbox"/>	Administration support occupation
<input type="checkbox"/>	Contractor, self-employed
<input type="checkbox"/>	Executive/administrative/managerial
<input type="checkbox"/>	Farming, forestry or mining
<input type="checkbox"/>	Handler, cleaner, helper or laborer
<input type="checkbox"/>	Homemaker
<input type="checkbox"/>	Machine operator/assembler/inspector
<input type="checkbox"/>	Precision production, craft or repair
<input type="checkbox"/>	Private household occupation
<input type="checkbox"/>	Professional occupation
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Sales occupation
<input type="checkbox"/>	Service occupation
<input type="checkbox"/>	Technician or support occupation
<input type="checkbox"/>	Transportation or material moving

Householder No. 2:	
<input type="checkbox"/>	Administration support occupation
<input type="checkbox"/>	Contractor, self-employed
<input type="checkbox"/>	Executive/administrative/managerial
<input type="checkbox"/>	Farming, forestry or mining
<input type="checkbox"/>	Handler, cleaner, helper or laborer
<input type="checkbox"/>	Homemaker
<input type="checkbox"/>	Machine operator/assembler/inspector
<input type="checkbox"/>	Precision production, craft or repair
<input type="checkbox"/>	Private household occupation
<input type="checkbox"/>	Professional occupation
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Sales occupation
<input type="checkbox"/>	Service occupation
<input type="checkbox"/>	Technician or support occupation
<input type="checkbox"/>	Transportation or material moving

17) How would you rate the quality of the following public and semi-public services?

Please rate the quality of these public and semi-public services: (Circle your rating for each, using the following guide) 1 = Poor Quality 2 = Fair Quality 3 = Neutral/Undecided 4 = Good Quality 5 = High Quality	Ambulance services	1	2	3	4	5
		Fire protection	1	2	3	4
	Health care services	1	2	3	4	5
	Land use regulation	1	2	3	4	5
	Overall Township code enforcement	1	2	3	4	5
	Police protection	1	2	3	4	5
	Public meeting space	1	2	3	4	5
	Road maintenance	1	2	3	4	5
	Utilities (e.g. electric)	1	2	3	4	5

<b>18) Should the Township establish or improve local land use or other regulations with respect to the following: (Please answer for each issue)</b>				
Regulating the construction of cellular communications towers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Protecting the right to farm?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Protecting the right to timber using sound management practices?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Regulating junk vehicle storage?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Regulating mobile home parks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Regulating wind power generation facilities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Addressing the compatibility of adjacent uses?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

<b>19) Please compare the importance of each of these development issues:</b>  (Circle your rating for each, using the following guide, and comparing the choices) 1 = Not that important 2 = Slightly important 3 = Moderately important 4 = Very important 5 = Extremely important	<b>Land Development Issue No.1</b>					
	Protecting private property rights	1	2	3	4	5
	<b>COMPARED TO:</b>					
	Managing the impact of development	1	2	3	4	5
	<b>Land Development Issue No.2</b>					
	Developing the commercial tax base	1	2	3	4	5
	<b>COMPARED TO:</b>					
	Developing a bedroom community	1	2	3	4	5

<b>20) Which of the following statements BEST describes your view of zoning as a method of dealing with land use issues? (Please answer based on the experience or need of your own Township)</b>	
<input type="checkbox"/>	I don't know enough about it and I am unsure about the costs and benefits of zoning for my Township.
<input type="checkbox"/>	I view zoning as an infringement on my private property rights and, therefore, favor other approaches.
<input type="checkbox"/>	I support zoning but favor a limited approach that balances property rights and development regulation.
<input type="checkbox"/>	I want to see a very strong zoning ordinance that addresses all the major land development issues.

<b>21) Where would you like to see the Township in the next 10-20 years? Please indicate how important each possible goal is to you.</b>  (Circle your rating for each, using the following guide) 1 = Not that important 2 = Slightly important 3 = Moderately important 4 = Very important 5 = Extremely important	Clean and green environment	1	2	3	4	5
	Development of tourism industry	1	2	3	4	5
	Extended sewer and water systems	1	2	3	4	5
	Higher quality forms of development	1	2	3	4	5
	More affordable housing	1	2	3	4	5
	More high valued housing	1	2	3	4	5
	More local shopping opportunities	1	2	3	4	5
	More recreation for residents	1	2	3	4	5
	More second-home development	1	2	3	4	5
	More small-scale industrial jobs	1	2	3	4	5
	Preservation of remaining farms	1	2	3	4	5

**22) Is there anything else you would like to tell us for use in our Comprehensive Plan or any question where you wished you could offer an answer we didn't offer as a choice? If so, please provide your thoughts below or as attachment.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU FOR COMPLETING THIS SURVEY!!**