

# Perkasie Borough

## RESIDENT SURVEY COMPREHENSIVE PLAN UPDATE

14. Please circle the number of household members that fit the following age categories.

a. Preschool-age children (0-5 years old)	1	2	3	4	5 or more
b. Elementary school (Grades 1-8)	1	2	3	4	5 or more
c. Secondary school (Grades 9-12)	1	2	3	4	5 or more
d. College age (18-22 years old)	1	2	3	4	5 or more
e. Age 23-44	1	2	3	4	5 or more
f. Age 45-54	1	2	3	4	5 or more
g. Age 55-70	1	2	3	4	5 or more
h. Age 70+	1	2	3	4	5 or more

15. Use the remaining space to offer your opinions about the topics addressed above or any other issues you believe borough officials should consider. Attach additional sheet(s) if necessary.

---

---

---

---

---

---

---

---

---

---

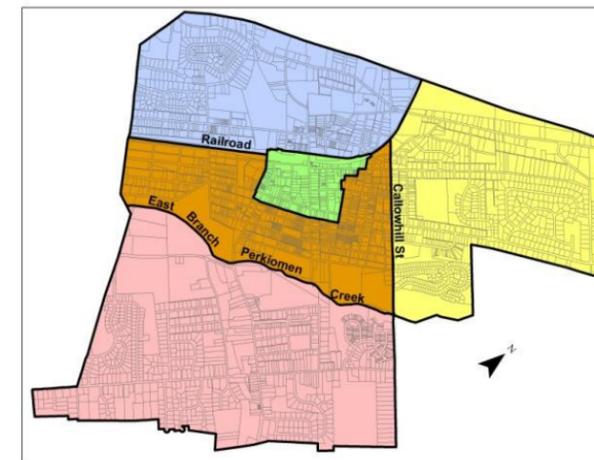
The Perkasie Borough Council and Planning Commission are updating the borough's comprehensive plan. The comprehensive plan establishes a vision of the borough's future and provides goals and policies to guide community development.

The key issues addressed by the comprehensive plan include natural and historic resources, land use, transportation, housing, open space, community facilities, economic development, water and wastewater, and stormwater control. The plan provides a foundation for zoning and development ordinances or other regulations the borough may enact.

We would like to know how you feel about issues that are important to your neighborhood and the borough as a whole. Your responses will remain anonymous, but they are essential to the completion of this project. Please take the time to respond to this survey so we may gather your opinions about the present and future of Perkasie Borough.

Please return this survey by **(DATE)** to make sure your views are included. Mail or hand-deliver to: **Perkasie Borough, 620 West Chestnut Street, P.O. Box 96, Perkasie, PA 18944.**

1. Please indicate in which portion of Perkasie Borough you live:



- North and west of the railroad tracks
- Northeast of Callowhill Street
- Between the railroad tracks and Perkiomen Creek and west of Callowhill Street
- Within the Town Center Area/Downtown
- Southeast of Perkiomen Creek

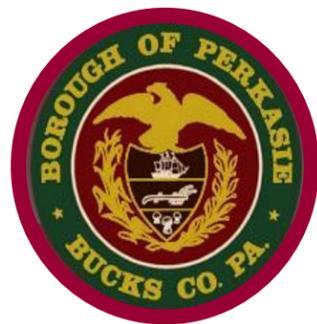
2. Why did you choose to live in the borough? (Rank the three most important reasons from 1 to 3, with 1 being the most important.)

- |   |   |
|---|---|
| <input type="checkbox"/> Raised here from childhood       | <input type="checkbox"/> Near friends and family          |
| <input type="checkbox"/> Convenient to work               | <input type="checkbox"/> Good place to raise children     |
| <input type="checkbox"/> Reasonably priced homes          | <input type="checkbox"/> Parks/Recreational Opportunities |
| <input type="checkbox"/> Reasonable taxes                 | <input type="checkbox"/> Historic character               |
| <input type="checkbox"/> School system                    | <input type="checkbox"/> Other (specify) _____            |
| <input type="checkbox"/> Close-knit, small-town community |   |

3. How long have you lived in Perkasie Borough? (Check one response.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than one year | <input type="checkbox"/> 6 – 10 years  | <input type="checkbox"/> 16 – 20 years      |
| <input type="checkbox"/> 1 – 5 years        | <input type="checkbox"/> 11 – 15 years | <input type="checkbox"/> More than 20 years |

4. Do you own or rent your home? (Check one response.)  own  rent



## RESIDENT SURVEY for Perkasie Borough's Comprehensive Plan

Help create a vision for Perkasie Borough's future

THANK YOU FOR YOUR HELP WITH THIS IMPORTANT PROJECT.  
Please kindly return the completed survey in the enclosed prepaid envelope.

**5. Which characteristics of the borough do you like best? These should be aspects of the community that are important to you. (Rank the five most important characteristic from 1 to 5, with 1 being the most important.)**

- |                                      |   |
|--------------------------------------|---|
| _____ Walkways/trails                | _____ School system                             |
| _____ Taxes                          | _____ Housing variety/affordability             |
| _____ Downtown/Town Center Area      | _____ Recreational opportunities                |
| _____ Historic buildings             | _____ Senior citizens activities                |
| _____ Walking scale                  | _____ Job opportunities/economic development    |
| _____ Public water and sewer service | _____ Sense of community                        |
| _____ Parks and open space           | _____ Ambulance service                         |
| _____ Police protection              | _____ Proximity to agricultural/rural community |
| _____ Fire protection                | _____ Other (specify) _____                     |

**6. Tell us what you believe are the major problems or needs facing the borough. (Rank the five most important characteristics from 1 to 5, with 1 being the most serious problem or issue.)**

- |  |   |
|--|---|
| _____ Walkways/trails                          | _____ School system                           |
| _____ Traffic control                          | _____ Neighborhood preservation               |
| _____ Lack of public transportation            | _____ Housing variety/affordability           |
| _____ Infrastructure maintenance               | _____ Recreational opportunities              |
| _____ Taxes                                    | _____ Senior citizens activities              |
| _____ Downtown/Town Center Area revitalization | _____ Job opportunities/economic development  |
| _____ Historic preservation                    | _____ Proximity/variety of goods and services |
| _____ Municipal services                       | _____ Flooding/stormwater controls            |
| _____ Electric rates                           | _____ Trash/recycling collection              |
| _____ Lack of convenient parking               | _____ Water and sewer rates                   |
|  | _____ Other (specify) _____                   |

**7. In which locations do you purchase the majority of the following goods and services? (Check all that apply.)**

	<b>Perkasie Borough</b>	<b>Nearby Communities</b> <i>(e.g. Sellersville, East Rockhill, West Rockhill)</i>	<b>Other (specify)</b> <i>(e.g. Quakertown, Montgomeryville, Souderton, Lansdale)</i>
Groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Sporting goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Movies/entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Automobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Auto repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Banking/financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Hardware/home improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Hair salon/beauty services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

**8. Are you satisfied with the quality, location, and quantity of commercial development and retail sales/services within the borough? (Check one response.)**

Yes  No  Unsure

**9. Are there any additional businesses that you would like to see in the borough?**

Yes  No  Unsure

If yes, please specify below.

---



---

**10. Do you believe there is a parking problem in the Town Center Area/Downtown? (Check one response.)**

Yes  No

If you answered yes, please rank the problems below from 1 to 5, with 1 being the most serious problem or issue.

- |   |  |
|---|--|
| _____ Not enough parking spaces               | _____ Parking is not in the appropriate location |
| _____ Parking is not convenient for residents | _____ Parking laws not enforced                  |
| _____ Parking enforcement is too aggressive   | _____ Parking is not shared between businesses   |

**11. How far do you typically have to park from your destination in the Town Center Area/Downtown?**

Near entry  1/2 block away  1 block away  2 blocks away  3 or more blocks away

**12. Would you support a greater mix/density of residential and commercial uses in the Town Center Area/Downtown? (Check one response.)**

Yes  No  Unsure

Please comment below:

---



---

**13. Where are you and other members of your household employed? (Check all that apply.)**

	<b>Self</b>	<b>Spouse</b>	<b>Other Household Members</b>
a. Within Perkasie Borough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Elsewhere in Bucks County (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lehigh Valley (Lehigh and Northampton counties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Philadelphia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Montgomery County (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Work at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>