

TOWN OF SHELLBROOK DEVELOPMENT PLAN

Survey of Resident and Property Owner Concerns and Issues - Your Input is Valued!

A About you (if you own more than one residence in the town, please refer to your *primary* residence)

1a Did You: Grow up in Shellbrook Move to Shellbrook as an adult

1b If you moved to Shellbrook as an adult, please indicate the year you arrived: _____

2a You Are: A Resident House owner A Resident Renter A Resident Condo/Townhouse Owner A Non-Resident
(please check all that apply) A Resident Business Owner A Non-Resident Business Owner A Non-Resident Land Owner

3 Please list the number of people who live in your household in each of the following age categories:
_____ 12 and younger _____ 13-18 _____ 19-25 _____ 26-40 _____ 41-65 _____ 66-80 _____ 81 and older

4 How many years have you lived and/or owned property in the town of Shellbrook? _____

B Which of the following factors describe your reasons for living in Shellbrook? (Please check all that apply. List comments in Section F)

Small Town Atmosphere / Lifestyle Recreation Facilities / Programs Aesthetics of Town

Used to Live in or near Town / the RM Family History in Shellbrook Other Prior Connections to Shellbrook

Proximity Another Community (ex: P.A.) Sense of Security / Safe Place to Live Property Tax Rate

Employment Opportunities Business Opportunities

<u>Programs and Services</u>	<u>Housing</u>	<u>Health Care Services</u>
<input type="checkbox"/> School Programs	<input type="checkbox"/> Affordability	<input type="checkbox"/> The Hospital
<input type="checkbox"/> Programs / Services for Seniors	<input type="checkbox"/> Choice	<input type="checkbox"/> Number of Doctors (incl. Family Doctors)
<input type="checkbox"/> Arts & Cultural Programs	<input type="checkbox"/> Lot Size	<input type="checkbox"/> Number of Other Health Care Professionals
<input type="checkbox"/> Other Programs _____	<input type="checkbox"/> Other Housing Factors _____	<input type="checkbox"/> Other HC Factors _____

Other(s) _____

Does anyone in your household work in another community? If so, which: _____

C Which of the following facilities / services do members of your household use? (Please check all that apply. List comments in Section F)

Skating Rink Soccer / Football Field Curling Rink

Library Community Theatre Ball Diamond

Golf Course Skateboard Park Campground

Gym Swimming Pool Dance Studio

Community Hall Summer Activities Programming

Parks Centennial Leisure Park Kinsmen Park

Other(s) _____

What facilities would you like to see at the Centennial Leisure Park on the east side of town? _____

Which programs, services and facilities should the Town provide or enhance: _____

D Please indicate how strongly you agree or disagree with the following statements: (Please list any comments in Section F)	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly
1 Shellbrook needs more Commercial Development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Shellbrook needs more Industrial Development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Shellbrook needs more residential development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Council should encourage medium and high density residences, such as apartments, condos, and townhouses, in addition to single family dwellings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Shellbrook has sufficient public recreation facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 There is sufficient park space in town.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Adequate programming, services and facilities are available for...				
- Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Council and Administration communicate with residents effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Pursuing 'green' technologies in new developments should be a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 The Recreational Director has been an asset to the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 The development of walking trails should be a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 General infrastructure upgrades (sewer, water, etc.) should be a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Paved, curbed streets should be a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E Town Website

1 How often do members of your household access the official Town of Shellbrook website? (www.shellbrook.net)

Unaware of Website No Internet Access Never Less than 5 times ever

A few times a year Once or twice per month Once a week or more

2 If you use or have used the official Town of Shellbrook website, what did/do you use it for?

3 How can the official Town of Shellbrook website be improved? What can be added or enhanced? How can it be more useful?

F Noting the Section, briefly describe any *strong* opinions or ideas you may have regarding topics in Sections B, C, D, and E above.

Section Comments (if necessary, feel free to attach an additional sheet)

G What are the positive aspects and unique strengths that Shellbrook can build on and develop further? (*attach more paper if necessary*)

H What is the most significant challenge that Shellbrook faces? (*if necessary, feel free to attach an additional sheet*)

I Please note any additional comments, concerns or suggestions that you may have (*if necessary, feel free to attach an additional sheet*)

Name and Address (Optional)

Please Return by **Oct 29, 2010** to:

Crosby Hanna & Associates
c/o Town of Shellbrook
Box 40, Shellbrook, SK S0J 2E0

If you are interested in meetings related to this project, please list your email address

THANK YOU FOR YOUR COOPERATION!