



Island Bay cycleway submissions

Paper Based Submissions

Volume 18

Love the Bay - Delivering on the Cycleway

249

Submission Form

After the Love the Bay community-based design project, four design options for the Island Bay Parade and cycleway are open for public consultation from 31 July 2017 to 13 August 2017. Tell us what you think by 9pm, Sunday 13 August 2017. You can give feedback online at wellington.govt.nz/theparade, email your thoughts to theparade@wcc.govt.nz or post this form to us (no stamp needed).

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Section 1 - Submitter details (fields marked * are mandatory)

First Name	
Organisation	Island Bay
Resident	
Phone	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input checked="" type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input checked="" type="checkbox"/> Other <u>Work</u>

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

✓✓ Option E ✓✓

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

1004025

It's confusing and dangerous. The amount of accidents I've witnessed or seen, The Old layout was way safer, I'd never even consider riding my bike as I do to work while I was a local resident, I preferred to ride on the footpath as I felt very unsafe. I'd never allow my children to ride on the cycle way either.

The Old Paint is still visible and that's very confusing at night or in the rain. You have to literally stop while driving if you come across a bus or truck coming in the opposite direction.

Again it's unsafe for Drivers yet alone the Cyclists !!

Return it to Normal !!

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**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

Absolutely Positively
Wellington City Council
Make it
P420

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First Name

Organisation

Residential

Phone

Island Bay

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

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Option D - one-way separated kerbside cycleway - above road level, with angle parking

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Continued over page

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OPTION E.

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**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke



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PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

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Wellington City Council
Me Here, Ki Pona

P421

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Continued over page

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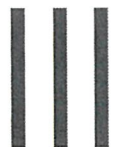
Option E

I vote for Option E as per the IBRA recommendation and this is also my preferred option. I would not like to lose our library, video shop and chemist because there is nowhere to park in the village or along the parade. Business' have already closed due to lack of parking. Also, the Parade and Island Bay village was beautiful before the cycle-way, now it just looks ridiculous. The Parade was safe - now it is unsafe. I would be refusing to pay my rates if I lived on 'The Parade' and couldn't access my driveway safely for myself and pedestrians and cyclists.

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Love the Bay - Delivering on the Cycleway

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Resident	Island Bay
Phone	_____
Preferred method of contact*	<input type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input checked="" type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	
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<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option B - one-way separated kerbside cycleway - road level - current layout with enhancements	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option C - one-way separated kerbside cycleway - above road level	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option D - one-way separated kerbside cycleway - above road level, with angle parking	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

OPTION E
I.B.R.A.

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Love the Bay - Delivering on the Cycleway

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Te Hōiwi Kōwhiri

9423

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First Name*	
Organisation	Island Bay
Residential Address	
Phone	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input checked="" type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	

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Option A - roadside cycle lane - original layout with enhancements

- 2 Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

see notes over.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

- Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

- Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

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Option E - Island Bay Residents Association Plan Continued over page

1

see notes over.

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

The primary aim of my choice is safety for all road users and a reasonable share of the roading resource for each user. Options B, C & D give an unreasonable share of the resource to the minority cycling group while creating hazards for them and all users. This applies to Options A & E.

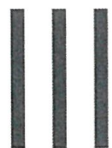
Suggestion — the west side footpath should reduce

to 2.5m wide and move 0.5m towards the property boundaries. This would give an additional 1m of road width without any serious impact on the existing trees. The line of this footpath should be maintained through the business area as far as possible.

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19424

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First Name	
Organisation	Island Bay
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Phone	
Preferred method of contact*	<input type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input checked="" type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	

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Option D - one-way separated kerbside cycleway - above road level, with angle parking

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OPTION E

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

[Empty response box]

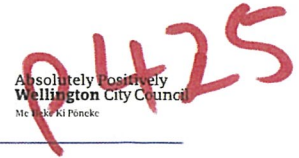
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Wellington 6140

Love the Bay - Delivering on the Cycleway



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OPTION E
BECAUSE I AM
A RESIDENT
OF ISLAND BAY
AND A RATE PAYER

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Me Heke Ki Pōneke



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PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

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Wellington City Council
Me Heke Ki Pōneke

P426

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OPTION B

Continued over page

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OPTION E

± BRA

Business
Recommendation.

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Wellington 6140

Love the Bay - Delivering on the Cycleway

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P427

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Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

OPTION E

Continued over page

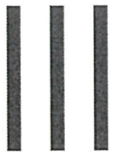
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

OPTION - E
IBRA - Business Recommendation

Free Post WCC

**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

P 428

Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)

First Name*
Organisation <i>Island Bay</i>
Residential Ac
Phone
Preferred method of contact* <input checked="" type="checkbox"/> Email <input type="checkbox"/> Post
Age <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input checked="" type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

Refer to the accompanying document or wcc.govt.nz/theaparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option E please as per IBRA
& business MPS proposal.

Free Post WCC

Absolutely Positively
Wellington City Council
Me Heke Ki Pōneke



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway



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Section 1 -	
First Name*	
Organisator	Melrose
Residential	
Phone	Email
Preferred method of contact*	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	

Section 2
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Option A - roadside cycle lane - original layout with enhancements
<input type="radio"/> Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements
<input type="radio"/> Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level
<input type="radio"/> Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking
<input type="radio"/> Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

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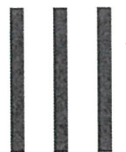
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

option E - as per IBRA +
Business Repts option!

Free Post WCC

**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway



Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)

First Name	
Organisation	Island Bay
Residential	
Phone	
Preferred method of contact*	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	

Section 2

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Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

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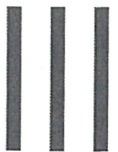
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option E - as per IBRA +
Business Reps.

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**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

P 431

Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)

First Name*
Organisation \ <i>Point chev, Auckland</i>
Residential Add
Phone
Preferred method of contact* <input type="checkbox"/> Email <input checked="" type="checkbox"/> Post
Age <input type="checkbox"/> Under 18 <input checked="" type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay
<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

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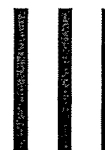
2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

[Empty response box]

Free Post WCC

**Absolutely Positively
Wellington City Council**

Me Heke Ki Pōneke



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

P 432

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Section 1 - Submitter details (fields marked * are mandatory)

First Name*
Organisator Auckland
Residential /
Phone
Preferred method of contact* <input type="checkbox"/> Email <input checked="" type="checkbox"/> Post
Age <input type="checkbox"/> Under 18 <input checked="" type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

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Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

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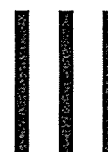
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2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

[Empty response box]

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Absolutely Positively
Wellington City Council
Me Heke Ki Pōneke



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

Absolutely Positively
Wellington City Council
Me Hāke Kō Pōkeke

P433

Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)

First Name	
Organisation	Island Bay
Residential	
Phone	
Preferred method of contact*	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input checked="" type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

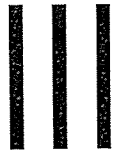
OPTION E

Island Bay Residents
Association / Business
Association.

Free Post WCC

Absolutely Positively
Wellington City Council

Me Heke Ki Pōneke



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

P434

Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)	
First Name*	
Organisatio	Island Bay
Residential	
Phone	
Preferred method of contact*	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input checked="" type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	
Section 2	
1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred). Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.	
Option A - roadside cycle lane - original layout with enhancements	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option B - one-way separated kerbside cycleway - road level - current layout with enhancements	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option C - one-way separated kerbside cycleway - above road level	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option D - one-way separated kerbside cycleway - above road level, with angle parking	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

OPTION E

Island Bay Residents
Association / Business
Association

Free Post WCC

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Wellington City Council
Me Heke Ki Pōneke



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Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

P 435

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Section 1 - Submitter details (fields marked * are mandatory)

First Name* _____

Organisation _____

Island Bay

Residential Address _____

Phone _____

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

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Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

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Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option - E

FBRA / Business Representatives

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

IBRA - IBRA and Business REPS

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Absolutely Positively
Wellington City Council

Me Heke Ki Pōneke

Free



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140



Love the Bay - Delivering on the Cycleway

Absolutely Positively
Wellington City Council
Make it Happen

P436

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Section 1 - Submitter details (fields marked * are mandatory)

First Name _____

Organisation Island Bay _____

Residential _____

Phone _____

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

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Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option E

IBRA / Business Representatives

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

IBRA and Business Reps Recommendations - Option E

We need more parks in the Island Bay shops area, not less.

Removing the parks is a struggle for parents and the elderly (a predominant group in the Island Bay area)

If you remove the Parks, it's difficult for business owners

Free Post WCC

Absolutely Positively
Wellington City Council

Ma Heke Ki Pōneke

Free



FREEPOST WCC
Island Bay Cycleway (114)
PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

P437

Submission Form

After the Love the Bay community-based design project, four design options for the Island Bay Parade and cycleway are open for public consultation from 31 July 2017 to 13 August 2017. Tell us what you think by 9pm, Sunday 13 August 2017. You can give feedback online at wellington.govt.nz/theparade, email your thoughts to theparade@wcc.govt.nz or post this form to us (no stamp needed).

Privacy Statement - what we do with your personal information

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Section 1 - Submitter details (fields marked * are mandatory)

First Name* _____

Organisation _____

Island Bay

Residential / _____

Phone _____

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

OPTION E

FBRA | Business Representatives

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

[Empty response box]

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Wellington City Council**
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Section 1 - Submitter details (fields marked * are mandatory)

First Name _____

Organisation _____

Resident _____

Phone _____

Island Bay

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other _____

Section 2

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Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements



Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

no loss of car parking for shops

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements



Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level



Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking



Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.



OPTION E

IBRA / Business Representatives

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

JUN0425

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Island Bay Cycleway (114)
PO Box 2199
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Love the Bay - Delivering on the Cycleway

P 439

Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)

First Name

Organisation

Residential

Phone

Island Bay

Preferred method of contact* Email Post

Age Under 18 18-29 30-39 40-49 50-59 60 years or older

Please tick your connection(s) to Island Bay

Resident Regular visitor Occasional visitor Local business owner Other

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option E

IBRA Business Representatives

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option E
IBRA / Business Representatives

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Wellington 6140

P 440

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Section 1 - Submitter details (fields marked * are mandatory)

First Name	
Organisation	houghton Bay
Residential	
Phone	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input checked="" type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	<input checked="" type="checkbox"/> Resident <input checked="" type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____

Section 2

1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred).

Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.

Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

I support OPTION E. Island Bay Residents Association Proposal.

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

[Empty response box]

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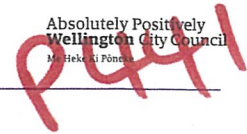
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Wellington 6140

Love the Bay - Delivering on the Cycleway



Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)	
First Name*	
Organisation	Island Bay
Residential A	
Phone	
Preferred method of contact*	<input type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input checked="" type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	
Section 2	
1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred). Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.	
Option A - roadside cycle lane - original layout with enhancements	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option B - one-way separated kerbside cycleway - road level - current layout with enhancements	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option C - one-way separated kerbside cycleway - above road level	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option D - one-way separated kerbside cycleway - above road level, with angle parking	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

OPTION E
IBRA - BUS Reps

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Wellington City Council

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PO Box 2199
Wellington 6140

Love the Bay - Delivering on the Cycleway

P 442

Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)	
First Name:	
Organis:	Newtown
Resider:	
Phone:	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input checked="" type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input type="checkbox"/> Resident	<input checked="" type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input checked="" type="checkbox"/> Other <u>local business employee</u>
Section 2	
1. Please select your preferred option, or alternatively rank up to four options according to your preference. You can rank as many or as few of the options as you want. If you want to rank the options, please ensure you rank each one using the numbers 1, 2, 3, and 4, (where 1 is your most preferred option and 4 your least preferred). Refer to the accompanying document or wcc.govt.nz/theparade for images and further details about each option.	
Option A - roadside cycle lane - original layout with enhancements	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option B - one-way separated kerbside cycleway - road level - current layout with enhancements	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option C - one-way separated kerbside cycleway - above road level	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option D - one-way separated kerbside cycleway - above road level, with angle parking	
<input type="radio"/>	Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.
Option E	Resident + Business associate option
<input checked="" type="radio"/>	

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

Option E because Island Bay is already short on parking so we ~~need to be~~ can not afford to lose any. Cutting back on parking spaces through the main shopping area would affect many local businesses including ~~the~~ Floyds Cafe - and I would really love to keep my job.

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Island Bay Cycleway (114)
PO Box 2199
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Love the Bay - Delivering on the Cycleway

P443

Submission Form

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Section 1 - Submitter details (fields marked * are mandatory)

First Name*	
Organisator	Island Bay
Residential /	
Phone	
Preferred method of contact*	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input checked="" type="checkbox"/> 60 years or older
Please tick your connection(s) to Island Bay	
<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Regular visitor <input type="checkbox"/> Occasional visitor <input type="checkbox"/> Local business owner <input type="checkbox"/> Other _____	

Section 2

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Option A - roadside cycle lane - original layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option B - one-way separated kerbside cycleway - road level - current layout with enhancements

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option C - one-way separated kerbside cycleway - above road level

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option D - one-way separated kerbside cycleway - above road level, with angle parking

Tick if this is your preferred option OR indicate your rank from 1 to 4 if you want to show your preference for more than one option.

Option E. Put it back to what it was before

Continued over page

2. To help us understand your choice, please provide more information about why you selected your preferred option, and/or declined others if desired. Alternatively, if you prefer an amended option, please describe it here.

A cycleway ~~way~~ in Island Bay isn't needed at all. Cyclists have always been on the road alongside cars, + still do on all other roads. People have been trapped by them at bus stops, + cars coming out of their driveways have trouble with cyclists riding by, oblivious of driveways. I've talked to bus drivers + they hate it, + have witnessed many a near accident. You should talk to bus drivers yourselves! All the four suggested plans are really bad for pedestrians + car users. Cyclists look after themselves + I was told by an avid cyclist friend, that because more + more people are cycling, drivers are having to be more careful + considerate. Just put it back to what it was like before. Why change it?

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Wellington City Council

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Wellington 6140