


City of Edgewater Visioning Survey

Thank you for participating in the City of Edgewater's second Community Vision Survey!

As part of this second survey, the City invites Edgewater citizens and stakeholders to provide feedback on the City's future direction to enhance the community assets, promote opportunities, and further define the community's identity. This survey allows you to confirm and elaborate on what is most important to you and your community. The questions below are based on feedback from the first survey and community meeting, so your feedback is essential to help guide next steps.



Please submit responses to CITY or ONLINE by MARCH 1, 2024

RESPOND BY MAIL	RESPOND ONLINE	DROP OFF AT CITY HALL
<p>Please mail your completed survey response to:</p> <p>City of Edgewater ATTN: Vision Plan P.O. Box 100 Edgewater, FL 32132</p>	<p>To complete the survey online, please scan the QR code below:</p> 	<p>Please drop off your completed survey response to:</p> <p>Edgewater City Hall 104 N Riverside Drive Edgewater, FL 32132 Hours: 8:00 am to 4:30 (Mon-Fri)</p>

1. Within the City of Edgewater, would you like to have a Community Center? YES | NO (Circle one)

If yes, where would be the ideal location? _____

What services/activities would you want to be provided? _____

2. What type of waterfront access do you most value? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Parks and green space | <input type="checkbox"/> Motorized boat launch |
| <input type="checkbox"/> Fishing dock | <input type="checkbox"/> Marina |
| <input type="checkbox"/> Walking and biking trails | <input type="checkbox"/> Non-motorized launch (paddleboards/kayaks) |
| <input type="checkbox"/> Waterfront dining | <input type="checkbox"/> Other _____ |

3. Should the City plan to purchase more waterfront land for public access in the future? YES | NO (Circle one)

4. What kind of development would you like to see more of within walking distance of the waterfront? (Select all that apply)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Dining | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Hotel/lodging | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Shopping/retail | <input type="checkbox"/> Other _____ |

5. Would you like more mixed-use development along major roadways, such as buildings that include housing on top of retail/commercial space? YES | NO (Circle one)

If yes, where would be the ideal location? _____

6. What types of housing opportunities are needed throughout the City of Edgewater? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Ownership opportunities | <input type="checkbox"/> Duplexes |
| <input type="checkbox"/> Rental opportunities | <input type="checkbox"/> Townhomes |
| <input type="checkbox"/> Lower rental prices/home prices | <input type="checkbox"/> Apartment buildings |
| <input type="checkbox"/> Single family housing | <input type="checkbox"/> Other _____ |

7. Would you like to see more sidewalk improvements throughout the City? YES | NO (Circle one)

If yes, where? _____

8. Where in the City of Edgewater would it be important to have underground utilities? (Select all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Park Avenue | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> US-1 | <input type="checkbox"/> Not a priority |

City of Edgewater Visioning Survey continued...

9. Please rank the priority of projects from most to least important. (Highest importance = 1; Lowest importance = 9)

- | | |
|--|--|
| <input type="checkbox"/> New Community Center | <input type="checkbox"/> Increased housing opportunities that are affordable |
| <input type="checkbox"/> Waterfront access projects | <input type="checkbox"/> Sidewalk improvements |
| <input type="checkbox"/> Development within walking distance of the waterfront | <input type="checkbox"/> Underground utilities |
| <input type="checkbox"/> Mixed-use redevelopment along US-1 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> A Main Street along Park Avenue | |

10. Do you have additional thoughts on the City of Edgewater's future vision?

11. Did you participate in the first Edgewater Visioning Survey that took place during Spring 2023? **YES** | **NO** (Circle one)

12. What is your relationship with the City? (Please select all that apply)

- | | |
|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Live | <input type="checkbox"/> Visit |
| <input type="checkbox"/> Work | <input type="checkbox"/> Other _____ |

13. What is your ZIP code of residence? _____

14. If you live in Edgewater, do you rent or own your place of residence?

- | |
|--------------------------------------|
| <input type="checkbox"/> Rent |
| <input type="checkbox"/> Own |
| <input type="checkbox"/> Other _____ |

15. Which of the following best describes your employment status? (Select one)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Unemployed |

16. How old are you? (Select one)

- | | | | |
|-----------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> 45 – 54 | <input type="checkbox"/> 65 and Older |
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> 35 – 44 | <input type="checkbox"/> 55 – 64 | |

17. Including yourself, how many people currently reside in your household? (Select one)

- | | | | |
|----------------------------------|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> One (1) | <input type="checkbox"/> Two (2) | <input type="checkbox"/> Three (3) | <input type="checkbox"/> More than four (4) |
|----------------------------------|----------------------------------|------------------------------------|---|

18. How many dependents (under the age of 18) live in your household? (Select one)

- | | | | | |
|-------------------------------|----------------------------------|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> One (1) | <input type="checkbox"/> Two (2) | <input type="checkbox"/> Three (3) | <input type="checkbox"/> More than four (4) |
|-------------------------------|----------------------------------|----------------------------------|------------------------------------|---|

19. How did you hear about this survey? (Select one)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Television | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Friend/Word of mouth |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____ |

Thank you for your participation!

If you would you like to follow the vision process and receive general updates from the City, please provide your email address here: _____

Visit www.cityofedgewater.org to sign up to receive regular email updates. Click City's Weekly Email at the top of the page and then select Vision Plan.