

Building Control Service Review Questionnaire

ABC Team
Culture, Leisure and Libraries
Coventry City Council
FREEPOST CV2301
Coventry
CV1 1BR

Q1 In which capacity have you used the Building Control Service?

☐ Home owner ☐ Architect ☐ Builder/Developer

Other (please specify)

Q2 How did you find out about Coventry Building Control Services?

☐ LABC Magazine ☐ Coventry City Council Internet
☐ Coventry City Council Planning Department ☐ Agent advised
☐ Used services previously ☐ Word of mouth

Other (please specify)

Q3 What were your initial impressions of our Building Control Service?

☐ Very positive ☐ Positive ☐ Average ☐ Negative ☐ Very negative

Q4 Did you submit your application/s electronically?

☐ Yes ☐ No

Q5 Did you think our forms were self explanatory?

☐ Yes ☐ No If not, how could we improve them?

Q6 Did you think the prices on our fee sheets were clear to follow?

☐ Yes ☐ No

Q7 Had you used our Building Control Service prior to your last application?

☐ Yes ☐ No

Q8 Please indicate how many times you have applied to our Building Control Service for Plan Checking / Building Regulations / Full Plans: Please tick one box per row

	1-5	6-10	11-20	21-50	51+
In the last three years					
In the last two years					
In the last year					
In the last six months					

Q9 When dealing with Building Control staff, how did you find them: (please tick all boxes that apply)

- ☐ Helpful ☐ Efficient ☐ Punctual ☐ Fair ☐ Flexible ☐ Practical ☐ Difficult
☐ Knowledgeable ☐ Officious ☐ Unapproachable ☐ Approachable
☐ Professional ☐ Friendly

Q10 Please indicate whether you agree or disagree with each of the following statements about your experience of the City Council's handling of your Building Control matters IN THE LAST YEAR: Please tick one box.

a I was given the advice and help I needed to submit my application correctly

- ☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree

b The Council kept me informed about the progress of my application (only complete if you were dealing directly with the Council)

- ☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree

c The Council dealt promptly with my queries

- ☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree

d Booking Inspections was simple and hassle free

- ☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree

e I received all information / required paperwork in a timely manner

- ☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree

f I was given enough advice from the Building Control Surveyors when they came out for inspections or when I called in

- ☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree

g The Building Control Officer used their local knowledge in support of my application

- ☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree

Q11 How satisfied or dissatisfied were you with the Building Control Service provided by the Council in processing your application from receipt through to completion? Please tick one box only

- ☐ Very satisfied ☐ Fairly satisfied ☐ Neither satisfied nor dissatisfied
☐ Fairly dissatisfied ☐ Very dissatisfied

Q12 Would you recommend the Council's Building Control Service to others and would you choose to use our service again?

- ☐ Yes ☐ No

Q13 Which method of contact did you prefer?

- ☐ Phone ☐ Person ☐ Email ☐ Letter ☐ Other (please specify)

Q14 Were the technical administration team helpful when you called?

- ☐ Very helpful ☐ Fairly helpful ☐ Not helpful ☐ Unhelpful

Q15 We would welcome any other comments you wish to make on our service.

Thank you for your time in completing this questionnaire. We are interested in hearing your views, and would be pleased to contact you to discuss service improvements. If you would like to be contacted please provide your details below.

Name:

Address:

Email:

Telephone:

Data Protection

The data controller is Coventry City Council. The data will be used to inform and improve our services. No personal data will be published.

You are under no obligation to complete this section if you do not wish to.

Gender: ☐ Female ☐ Male

What age group do you fit into: (Please tick one box only)

☐ 16 -24 ☐ 25 - 49 ☐ 50+

What is your ethnic group?

Choose one section from a) to e) and then tick the one box you think best describes your cultural or ethnic background

a) White ☐ British ☐ Irish

☐ Any other White background (please write here)

b) Mixed ☐ White and Black Caribbean ☐ White and Black African

☐ White and Asian ☐ Any other mixed background (please write here)

c) Asian or Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Any other Asian background (please write here)

d) Black or Black British ☐ Caribbean ☐ African

☐ Any other Black background (please write here)

e) Chinese or other ethnic group ☐ Chinese

☐ Any other (please write here)

Do you consider yourself to be disabled or to have a long-term health condition?

☐ Yes ☐ No

If you need this information in another format or language please contact Gary Marshall:

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