



City of Harrison

2105 Sullivan Drive
 Harrison, MI 48625
 989-539-7145
 www.cityofharrisonmi.org

Customer Feedback Survey

Thank you for taking the time to provide feedback to the City of Harrison on your experience with our Planning Commission and Zoning Board of Appeals processes. We appreciate your candid feedback so that we can improve our customer service in the future. If you have further comments on the process that you would like to discuss with staff, please feel free to contact Tracey Beadle, Zoning Administrator, at (989) 539-7145 or tbeadle@cityofharrison-mi.gov

1. What was the purpose of your application(s) to the City of Harrison? (Please select all that apply)

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Appeal |
| <input type="checkbox"/> | Site Plan Review |
| <input type="checkbox"/> | Special Use Permit |
| <input type="checkbox"/> | Rezoning |
| <input type="checkbox"/> | Variance |
| <input type="checkbox"/> | Other |

2. Did you participate in a pre-application meeting for your project(s)?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

3. Please rate the helpfulness of the pre-application meeting(s).

| | | | | | |
|--|---|---|---|---|-----|
| Not helpful at all<----->Extremely helpful | | | | | |
| 1 | 2 | 3 | 4 | 5 | N/A |

4. Rate your interaction with City staff on your project(s).

| | | | | | |
|-------------------------|-------------------|-------------------|---------|----------------|----------------|
| | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |
| Staff was responsive | | | | | |
| Staff was friendly | | | | | |
| Staff was knowledgeable | | | | | |
| Staff treated me fairly | | | | | |



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5. Rate your experience with the development process.

| | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |
|--|-------------------|-------------------|---------|----------------|----------------|
| The process was predictable. | | | | | |
| The process was timely. | | | | | |
| The process was straightforward. | | | | | |
| The process resulted in the right outcome. | | | | | |
| Applicable codes and ordinances were easy to locate. | | | | | |
| Applicable codes and ordinances were easy to understand. | | | | | |
| Application forms were clear and easy to complete. | | | | | |

6. About you (please select all that apply relevant to your application(s) to the City):

| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Property Owner |
| <input type="checkbox"/> | Applicant |
| <input type="checkbox"/> | Design Professional |
| <input type="checkbox"/> | Other (please specify): |

7. In the past 5 years, how many previous applications to the Planning Commission or Zoning Board of Appeals have you filed?

| | |
|--------------------------|--------------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | 1-5 |
| <input type="checkbox"/> | 6-10 |
| <input type="checkbox"/> | More than 10 |

8. Please provide any other comments and feedback so that we may improve our processes.