



City of Arlington Development Survey

Survey Categories – please check all that apply and comment accordingly

Project Name: _____

Date: _____

Name: (optional) _____

Profession: (designer, developer, contractor, etc.) _____

Last time you conducted work in Arlington: 1yr 2yr 3yr 4yr greater

Project: _____

<input checked="" type="radio"/> Building Review Process	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Dissatisfied</u>
Customer Service Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of Submittal Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

<input type="radio"/> Permitting Process (entire process)			
Customer Service Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of Submittal Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

<input type="radio"/> Building Inspections			
Customer Service Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspection Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of Inspections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____
