

# CITY OF CEDAR KEY - BUILDING DEPARTMENT SATISFACTION SURVEY

*Thank you for taking the time to provide your feedback. Your input is invaluable in helping us improve our services.*

## 1. General Information:

a. Are you a:

- City Citizen       Contractor       Realtor

c. How frequently do you interact with the Building Department?

- First time       Occasionally       Regularly

## 2. Purpose of Visit/Inquiry:

a. What was the reason for your visit or inquiry on the date/interaction?

- Permit application       Permit renewal       General questions  
-  Inspection request       Other (please specify): \_\_\_\_\_

## 3. Experience Evaluation:

a. How would you rate the overall efficiency of the permitting process?

- Excellent       Good       Fair       Poor

b. How clear was the information provided by the staff?

- Very clear       Somewhat clear       Not clear

c. How helpful/responsive was the staff in addressing your questions or concerns?

- Very helpful/responsive       Somewhat helpful/responsive       Not helpful/responsive

d. How would you rate the professionalism of the staff?

- Excellent       Good       Fair       Poor

## 4. Process and Communication:

a. Was the process for obtaining or renewing a permit straightforward and transparent?

- Yes       No

b. Were you informed of all necessary documents and requirements in advance?

- Yes       No

c. How satisfied are you with the timeliness of the service provided?

- Very Satisfied       Satisfied       Neutral       Dissatisfied       Very Dissatisfied

d. Did you experience any delays or issues during the process?

- Yes (please specify): \_\_\_\_\_  
-  No

# CITY OF CEDAR KEY - BUILDING DEPARTMENT SATISFACTION SURVEY

## 5. Website:

How would you rate the ease of accessing information on our website?

- Very Easy       Easy       Neutral       Difficult       Very Difficult

## 6. Feedback and Suggestions:

a. What aspect of our service do you feel needs the most improvement?

b. What improvements would you suggest for the permitting process or department services?

b. Do you have any specific suggestions on how we can improve our services or customer interaction?

c. Additional comments or concerns:

## 7. Optional Information:

Would you like to be contacted to discuss your feedback further?

- Yes (Please provide contact information only if you want us to contact you)

- 
- No

*Thank you for your feedback!*