

Town of Orange
Comprehensive Planning

Community Survey

Thank you for your time and willingness to share your viewpoint. Your survey response is very important to this process because it will help to determine the priorities of the Town, which will in turn influence the character of the community and potential funding priorities for the Town. This survey will take approximately 20-30 minutes to complete and all submissions are anonymous.

Oct. 1 2024 is when survey responses are due.

Please submit the survey only once, either in paper or online format:

- *Paper:* Delivered by mail with return postage and also available at the Town Hall: 899 Hornby Rd, Beaver Dams, NY 14812.
- *Online:* Scan the QR code to the right and tap the arc.is link or look for the link at the Town's website: www.townoforangeny.us



Your participation is also requested at:

- **Public Information Meeting** (presentation with question-and-answer period):
 - Thursday, August 22: 6:30-7:30 PM
- **Community Visioning Workshops** (drop-in activities designed to focus attention on specific aspects of the community and landscape):
 - Tuesday, October 08: 5 - 7 PM and Saturday, October 19: 11 AM - 1 PM

All three events are to be located at the Monterey Fire Department and are subject to change. Changes will be posted on STC Planning social media, at the Town Hall, and the Fire Department Facebook Page. To be sent a reminder message when these events are approaching, please sign up for notifications at: <https://arcg.is/1mnSij0> (QR code at right).



If you have questions or have specific accommodations which would make public sessions more accessible to you, please contact Southern Tier Central Regional Planning & Development Board at (607) 962-5092 Ext. 203 for Hannah Waschezyn.

General/Demographics

1. Residency: which most accurately describes you? (Please check one.)

- Town Resident Seasonal Town Resident
- I own a home here, but I do not live here Other (please specify): _____

2. Age: which range includes your age? (Please check one.)

- 18-34 35-54 55-74 Over 75

3. Duration: how long have you lived in the Town of Orange? (Please check one.)

- Under 1 year 1-4 years 5-9 years 10-19 years
- Over 20 years My entire life I don't live here

4. Attraction: why do you live or own land here? (Please check all that apply.)

- I was born here I work in Orange I work in the area
- Family Schools Small, rural town
- Farming Natural resources Other (please specify): _____

5. Reason: why do you stay or keep property here? (Please check all that apply.)

- Convenience/ease Small, rural town Natural resources
- Family Farming Recreation
- Schools Other (please specify): _____

6. Best/Worst: what are the best and worst things about the Town? (Up to 3 each.)

Best:	1)	_____
	2)	_____
	3)	_____
Worst	1)	_____
	2)	_____
	3)	_____

7. Past Change: how do you view changes to the Town over the last 10 years?
(Please answer on a scale of 1-5, where 1 is very negative and 5 is very positive.)

1 2 3 4 5

8. Future Change: how do you view risk from natural hazards in the Town, such as periods of heavy rainfall, days of high heat, or high winds?

(Please answer on a scale of 1-5, where 1 is unconcerned and 5 is very concerned.)

1 2 3 4 5

Economic, Business, & Community Development

9. For each of the following services and businesses, please indicate your opinion.

	Yes, I would like this in Town.	No, I would not like this in Town.	Indifferent; it does not matter to me
Grocery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farmer's Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home improvement/hardware store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile dealer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small engine repair shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightlife (bars)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art Studios/Galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antique Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal cannabis dispensary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal cannabis growing/cultivating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Businesses/services clustered together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed uses: business/residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More public spaces such as parks/trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Desirable Businesses/Services: what would you like to see move to Town, if not listed above? (Please write-in your response below.)

11. Undesirable Businesses/Services: what would you NOT like to see move to Town, if not listed above? (Please write-in your response below.)

12. Community: which of the following are ways you connect to your community?

(Please check all that apply.)

- Fire Department
- Civic groups (education, charity, community improvement, etc.)
- Church
- Informal community gatherings (bar, café, etc)
- Local government
- Conversation with neighbors and friends
- Other (please specify): _____

13. Events: what community events (gun raffle, parade, BBQ, etc.) are available and why do you participate (or not participate) in them?

Event	Reason

14. Entertainment: what types of opportunities would you like to see added and/or improved in Town? (Please check all that apply.)

- Live music
- Activities for kids/youth
- Parks
- Activities for seniors
- Walking/biking trails
- Activities for adults
- Other (please specify): _____

Transportation

15. Current: how do you get where you need to go? (Please check all that apply.)

- Personal vehicle
- Carpool/rides from others
- Public transportation
- Walking
- Bicycling
- Other (please specify): _____

16. Options: what additional transportation options, if any, would you like to see?

(Please write-in your response below.)

17. Anticipated Use: would you use public transportation? Yes No

Housing

18. Housing Quality: what do you think of the overall quality of housing in Town?

(Please answer on a scale of 1-5, where 1 is very undesirable and 5 is very desirable.)

1 2 3 4 5

19. Housing Changes: how has housing quality changed in the last 20 years?

(Please check one.)

- Positively Negatively Not at all

20. If housing quality has changed, why do you think it has changed?

(Please write-in your response below.)

21. Housing Opportunities: if you could apply for home improvements at no cost, assuming you are eligible (based on income level), do you think you would apply for the funds? (Please check one.)

- Yes No

22. Housing Type: what type of housing do you live in? (Please check one.)

- Single-family dwelling Building with 2-3 housing units Other (please specify): _____

23. Housing Wanted: what types of housing would be helpful to add to the Town?

(Please check all that apply.)

- Single-family dwelling Building with 2-3 housing units Apartment building
- Senior housing complex Other (please specify): _____

24. Housing Affordability: how affordable is housing in Town of Orange?

(Please answer on a scale of 1-5, where 1 is unaffordable and 5 is very affordable.)

1 2 3 4 5

Questions 25-27 are specific to **renters**; others, please skip to Q. 28.

25. If Renting: does your landlord live in the Town?

- Yes No

26. Your Rental: please describe your opinion of your housing. (Please answer on a scale of 1-5, where 1 is very unsatisfied and 5 is very satisfied.)

	1	2	3	4	5
How satisfied are you with the management of your property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How satisfied are you with the quality of housing provided by your landlord?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Rental Improvements: what would you like to see improved about your rental property or situation? _____

Questions 28-30 are specific to **landlords**; others, please skip to Q. 31.

28. Landlord Location: do you live in the Town of Orange? Yes No

29. Landlord Offerings: what type of housing do you offer?

(Please check all that apply.)

- Single-family dwelling Building with 2-3 housing units
- Accessory dwelling unit Other (please specify): _____

30. Landlord experience: what is the most common problem with your tenants? _____

Nature, Open Spaces, and Tourism

31. Undeveloped: how important is it to you that the natural, shared, open spaces of the Town remain undeveloped? (Examples include state forest, lakes, and parks. Please answer on a scale of 1-5, where 1 is very unimportant and 5 is very important.)

1 2 3 4 5

32. Recreation Currently: how do you use natural space? (Check all that apply.)

- Walking/hiking Running Biking Horseback riding
- Bird watching Skiing Fishing Motorbike/ATV riding
- Hunting Kayaking Boating Snowmobiling
- Other (please specify): _____

33. Recreation Wanted: how would you like to see natural spaces being used?

(Check all that apply.)

- Walking/hiking
- Running
- Biking
- Horseback riding
- Bird watching
- Skiing
- Fishing
- Motorbike/ATV riding
- Hunting
- Kayaking
- Boating
- Snowmobiling
- Other (please specify): _____

34. Visitors: how do you view the number of visitors to Town? (Examples: Finger Lakes tourists, short-term renters, day-hikers. Please check one of the following.)

- Fewer visitors would be preferable
- Maintain the current number of visitors
- Attract more visitors
- Other (please specify): _____

35. Short-Term Rental: what is your opinion of rentals that last one week or less?

(Please check one.)

- Positive
- Negative
- Other (please specify): _____

36. Limits: would you want the Town to regulate Short-Term Rental and why?

37. Water Quality: how important to you is the protection of surface water such as ponds and lakes?

(Please answer on a scale of 1-5, where 1 is very unimportant and 5 is very important.)

1 2 3 4 5

38. Scenic Views: how important to you is the protection of views of ponds, lakes, and hillsides?

(Please answer on a scale of 1-5, where 1 is very unimportant and 5 is very important.)

1 2 3 4 5

39. Initiatives: are there any efforts you think the Town should make to protect surface water or scenic views? _____

40. Appearance: how satisfied are you with the maintenance and appearance of properties in Town?

(Please answer on a scale of 1-5, where 1 is very unsatisfied and 5 is very satisfied.)

1 2 3 4 5

Agriculture

41. Importance: in your opinion, how important is agriculture to the Town?

(Please answer on a scale of 1-5, where 1 is very unimportant and 5 is very important.)

1 2 3 4 5

42. Concern: how concerned are you about potential loss of farmland in Town?

(Please answer on a scale of 1-5, where 1 is very unconcerned and 5 is very concerned.)

1 2 3 4 5

43. Actions: what Town efforts would you support to address issues facing farms?

(Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Assist with obtaining grant funds for farmland protection | <input type="checkbox"/> None, the Town does not need to take action to address farm issues |
| <input type="checkbox"/> Limit non-farm development in productive agricultural areas | <input type="checkbox"/> Organize activities to promote locally grown farm and forest products |
| <input type="checkbox"/> Other (please specify): _____ | |

Renewable Energy

44. Type: what renewable energy would you support in Town?

(Please check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Rooftop solar | <input type="checkbox"/> Ground-mounted solar | <input type="checkbox"/> Large-scale commercial solar |
| <input type="checkbox"/> Wind | <input type="checkbox"/> None, I do not want renewable energy in Town | <input type="checkbox"/> Other (please specify): _____ |

45. Concerns: what concerns, if any, do you have about renewable energy?

Municipal & Community Services

46. Services: for each of the following, please indicate your opinion of the current state of municipal services offered (or not offered) in the Town of Orange.

	Not needed or wanted	Already more than needed or wanted	Good as is	Could be improved, if there were no cost	More needed and worth the cost
Ambulance Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycling program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe infrastructure for walking/biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking water service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drainage/storm water control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities for senior citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to participate in local decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library Return Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Technology: what connectivity is available/affordable at your home/business?

	Available?	Affordable?
Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cellular	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landline	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If broadband internet is unavailable at your residence, please inform Chelsea Robertson at Southern Tier Central Regional Planning and Development Board at (607) 962-5092 or crobertson@stcplanning.org.

48. What strategies, if any, would you like Town Officials to consider in order to protect Town resources? (Please check all that apply.)

- Water quality: regulate stormwater runoff to improve surface water and wells
- Steep slopes: limit development on steep slopes to protect against erosion
- Viewshed: limit development in scenic views
- Farmland: limit development on important farmland
- Open space: set limits on how much of the Town is developed
- Quality of life: regulate common public safety hazards and causes of disputes in order to improve the health, safety, and general welfare of residents
- Resilience: adopt strategies for improving the Town's ability to withstand and recover rapidly from disruptions to economy, infrastructure, and resources.
- Land Management Ordinance or Zoning Law: combine limits and strategies into one set of regulations instead of creating and maintaining many individual laws and documents.
- Other (please specify): _____

49. What use(s) would you like to see—or not like to see—where Camp Monterey used to be? _____

50. How would you like to hear news from your local government?

(Please check all that apply.)

- Website
- Social media
- Other (please specify): _____
- Posters/flyers
- Newspaper

Thank you for your time and consideration!



Department of State

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