

Landscape Design Questionnaire

Please fill out this Questionnaire along with the measurements on the Site Planner and bring it along to your consultation. This will give us a better understanding of your design goals and issues. You may also want to collect images from magazines or other sources to further clarify the ideas you wish to convey.

| | | |
|------------------------|-------------------|-------------|
| Name | | Date |
| Current Address | | |
| Project Address | | |
| Phone | Cell Phone | |
| Email Address | | |

Soil conditions in your yard?

- Poor Drainage
- Compacted Soil
- Clay Soil
- Sandy Soil
- Good loamy soil
- Don't know

Light conditions in your yard (or part of yard)?

- Full sun – more than 6 hours
- Full shade - less than 4 hours
- Part shade - 4 hours
- Any areas too hot?
- Any area too shady?

How many hours of sun morning or afternoon?

Features you want to enhance

- Driveway Deck
- Front entrance
- Lakefront
- Foundation
- Other _____

Which type of foundation plants do you prefer?

- Evergreens
- Deciduous Shrubs
- Perennials
- Combination

What season should the yard look the best?

- Spring
- Summer
- Fall
- Winter

Any 'Theme' you would like to be included

- Herb Garden Native Garden
- Cutting Garden Cottage Garden
- Fragrant Garden Butterfly Garden
- Woodland Garden Rock Garden
- None

Other _____

Any existing plants that need to be...

- Removed _____
- Relocated _____
- None _____

Wildlife problems?

- Deer in the area
- Rabbits
- Moles or Gophers
- None

I want plants to provide

- Screening Bird attraction
- Noise filter Butterfly attraction
- Windbarrier Shade

Other _____

Who will install the plan?

- Owner
- Winter Greenhouse
- Other

How much time do you spend in your yard?

- _____ Hours per week in the peak seasons
- _____ Hours per week during summer season
- Should be as low maintenance as possible
- Will have others maintain the yard

Do you wish the beds mulched with?

- Bark mulch
- Landscape rocks
- Weedbarrier under mulch
- None

Favorite colors or plants types

Perennials _____

Trees _____

Shrubs/Evergreens _____

Climbers _____

Annuals _____

Color Preferences _____

Colors or Plants to avoid _____

Landscape design preference

- Formal planting Beds with straight lines
- Informal Geometric shapes
- Curves Natural shapes
- None in particular

From which room in the house will the garden be most enjoyed?

Any irrigation system in place for new transplants?

- Yes No Describe _____

Any other special considerations? - Please add to the back of this page.

Site Planner

Please enter all measurements of your home and the area you want landscaped. Label all utilities like, gas, phone line, cable, down spouts, air conditioning units, dryer vents, doors and windows. Also if possible draw existing trees and shrubs in the area as well as slopes and directions, drainage and roof runoff.

| | | |
|--------------------------|--|---|
| 1 square = — foot | | Please specify direction (North - South) |
| | | |