

Landscape Questionnaire

This form was developed to assess your landscape needs and preferences. Please fill out all relevant questions and skip those that are not relevant. There is room for further elaboration on page three if you are unable to answer any question in the allowed space.

Questionnaire

Date _____

Name _____

Address _____

Home Phone _____ Work Phone _____

E-Mail _____ Fax _____ Cell _____

Please check those landscape elements in which you are in need of our design help. You are welcome to further elaborate at the end of the list.

_____ planting design	_____ deck design	_____ patio design
_____ driveway	_____ sidewalk	_____ garden paths
_____ fences/screens	_____ retaining walls	_____ slopes/terraces
_____ landscape lighting	_____ water features	_____ sculpture/art
_____ drainage issues	_____ erosion	_____ garden shed
_____ lawns	_____ lawn alternatives	_____ roses
_____ shade gardening	_____ bird habitats	_____ vegetable garden
_____ perennial border design	_____ native plants	_____ children's play area
_____ cut flower garden	_____ fruit trees	_____ arbors/trellises

Desired Budget Range? _____

When do you plan to begin installation? _____

Will you phase the landscape installation? _____

Project Timetable? _____

Which landscape elements do you plan to install yourself? _____

Which landscape elements will you contract out? _____

Do you desire an estimate for implementation of any landscape elements? _____

Who referred you to us? _____

How old is your home? _____ How many years have you lived there? _____

How many years do you plan to continue to live in your home? _____

Do you plan any house additions or detached buildings? _____

Is landscape maintenance a consideration? _____

Do you maintain your own landscape? _____

How many hours weekly do you and family devote to landscape maintenance? _____

Children? _____ Ages? _____

Pets? _____

Any allergies to plants or insects? _____ Elaborate _____

Outdoor activities and family hobbies? _____

What do you like about your landscape? _____

What do you not like about your landscape? _____

Do you entertain outdoors? _____ Elaborate _____

Average group size when you entertain? _____ 0-5 _____ 5-10 _____ 10-15 _____ 15+

Do you have a septic system? _____ What is the location of the tank and the drainage field? This can be noted on a copy of the lot line survey. _____

Are you happy with the size of your lawn? _____

Are you happy with the quality of the lawn? _____

Do you have a sprinkler system? _____ Elaborate _____

Hose bib locations? _____

Do you plan to have landscape lighting installed? _____

Walkway lights? _____ Up lighting? _____ Down lighting? _____

Outdoor electrical outlet locations? _____

Do you have a lot line survey on your property? This would have been included in your closing package. Please attach a copy. _____

If applicable, are you familiar with your neighborhood covenants and restrictions which may have some bearing on your landscape planning process? Elaborate. _____

Are you aware of any sewer or drainage easements or any other easements on your property? These will typically be noted on your lot line survey. _____

Are you aware of any utilities, above or below ground, that would interfere with your landscape plans? _____ Electric, _____ Phone, _____ Gas, _____ Cable, _____ Water, _____ Sewer.

Call **811** before you dig.

Please check those items which are of interest or concern to you or that may affect the design of your property. You are welcome to further elaborate at the end of the list.

- | | | |
|---|---|---|
| <input type="checkbox"/> topography | <input type="checkbox"/> water conservation | <input type="checkbox"/> noise abatement |
| <input type="checkbox"/> wind screening | <input type="checkbox"/> wood storage | <input type="checkbox"/> tool storage |
| <input type="checkbox"/> chemicals/pesticides | <input type="checkbox"/> organic gardening | <input type="checkbox"/> privacy |
| <input type="checkbox"/> composting | <input type="checkbox"/> soil composition | <input type="checkbox"/> soil testing |
| <input type="checkbox"/> active sports | <input type="checkbox"/> garden tool usage | <input type="checkbox"/> pruning |
| <input type="checkbox"/> planting techniques | <input type="checkbox"/> fertilization | <input type="checkbox"/> transplanting |
| <input type="checkbox"/> clay soil | <input type="checkbox"/> sandy soil | <input type="checkbox"/> garbage can location |
| <input type="checkbox"/> hiding utilities | <input type="checkbox"/> shade gardening | <input type="checkbox"/> tree debris collection |
| <input type="checkbox"/> views from inside | <input type="checkbox"/> views outside | <input type="checkbox"/> neighbors yard |
| <input type="checkbox"/> other _____ | | |
-
-

If you plan to install hardscape please check those materials which may be of interest to you.

- | | | |
|--|--|--|
| <input type="checkbox"/> brick pavers | <input type="checkbox"/> concrete pavers | <input type="checkbox"/> flagstone |
| <input type="checkbox"/> rock | <input type="checkbox"/> exposed aggregate | <input type="checkbox"/> exposed concrete |
| <input type="checkbox"/> asphalt | <input type="checkbox"/> colored concrete | <input type="checkbox"/> modular retaining walls |
| <input type="checkbox"/> gravel | <input type="checkbox"/> treated pine | <input type="checkbox"/> redwood |
| <input type="checkbox"/> vinyl decking | <input type="checkbox"/> treated fir | <input type="checkbox"/> composite decking |
| <input type="checkbox"/> other _____ | | |
-
-

Desired mulch type?

- | | | |
|--|--|--|
| <input type="checkbox"/> hardwood mulch | <input type="checkbox"/> double shred hardwood | <input type="checkbox"/> triple shred hardwood |
| <input type="checkbox"/> pine bark mulch | <input type="checkbox"/> pine bark nuggets | <input type="checkbox"/> pine needles |
| <input type="checkbox"/> brick chips | <input type="checkbox"/> river rock | <input type="checkbox"/> stone |
| <input type="checkbox"/> cypress mulch | <input type="checkbox"/> other _____ | |
-
-

What are your favorite bloom colors? _____

What bloom colors do you not desire? _____

Have you had your soil tested? _____

Comments, Questions, Other Concerns? _____

PLANT PREFERENCES

Plant Type

Desired Plants

Not Desired

Annuals

Perennials

Groundcovers

Vines

Shrubs

Small Trees

Large Trees

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