

## Garden Design Questionnaire

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell / Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### Site Information

*(Please fill out all areas that apply!)*

What direction does the house face? North South East West  
*(Please Circle)*

How much sunlight do you receive in the area? Full Sun Part Sun Part Shade Shade  
*(Please Circle)* 6 + hrs 4-6 hrs 2-4 hrs 0-2hrs.

Are there any large trees or buildings that shade the area? Yes No  
If so, Explain

What kind of soil is in the area? Sandy Loam Clay  
*(Please Circle)* Drains Too Quickly Good Drainage Poor Drainage

Are there any good views? If so, list.

Are there any bad views? If so, list

### Garden Design Goals

What is your budget?

What is your landscape style? Formal Informal Symmetrical Natural  
*(Please Circle)*

What kind of maintenance? Absolute minimum Enjoy some yard work Pristine  
*(Please Circle)* Natural Informal Formal

What would you like to accomplish in this area? Theme?

Specific plants and/or colors to include?

Specific plants and/or colors to avoid?

Additional comments