



# Shubha Landscape Design Inc.

Landscape Contractor License # 852075

Date:

The purpose of this questionnaire is to obtain information that will be helpful in preparing a design for your residential site. All information will be held in strict confidence and will aid in creating a design that fits your specific needs of your family and conditions of your site. Please feel free to make any additional comments or notes wherever you think it would be helpful.

Name:

Address:

City/State/Zip:

Home Phone:

Work Phone:

Cell:

Email:

## I. General Information

A. Do you have a copy of either the recent plan of survey, plot plan, or site plan?

Yes  No

B. Have you ever had landscape design work done before?  Yes  No

C. Were you pleased with the results of previous design work?  Yes  No

D. Have you ever tried to design and install your own landscape?  Yes  No

E. Were you pleased with the results?  Yes  No

F. What method and time is best to reach you? Check all that apply.

Morning  Afternoon  Evening

Home #  Cell #  Email

## II. Client Information

A. Family member's names, gender, and ages of each?



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B. Interests of family members as they relate to the outdoors? Check all that apply.

- BBQ's  Sunbathing  Bird Watching  Eating  
 Entertaining  Leisure  Camping

Gardening

- Annuals  Perennials  Vegetables  Fruit  Woody Shrubs  Grasses

Recreational Sports -To play and/or watch

- Swimming  Volleyball  Basketball  Baseball  Football  Horseshoes  
 Croquet  Badminton  Baggo/Cornhole/Bags  Soccer  Frisbee  
 Fishing/Hunting  Golf  Other- Please

explain:

C. What is the character of the site? Check all that apply.

- Open  Wooded  Suburban lot  Waterfront  Other- Please  
explain:

D. How will you be using the site? Check all that apply.

- Entertainment  Visual Enjoyment  Curb Appeal  
 Active Recreation  Passive Recreation  
 Children Play Area  Outdoor Cooking  Privacy  Other- Please  
explain:

E. Type and number of pets who use your outdoor space? Check all that apply.

- No Pets  1-2 Pets  3-4 Pets  5 Or More Pets  
 Dog(s)  Small  Medium  Large  
 Cat(s)  
 Rabbit(s)  Other- Please explain:

F. How often do you entertain outdoors?

- Often  Sometimes  Never

G. How many people do you usually entertain for?

- 0  1-5  6-10  10-15  15 or more

H. Will you cook and eat outdoors? If so how often?

- Yes  1-2 times a week  3-4 times a week  5-7 times a week  
 No



I. Are there any allergies that should be considered? If yes, please explain.

Yes Explain:

No

J. What are some of your favorite colors as they pertain to the outdoors?

Warm (reds, oranges, yellows, etc....)  Cool (blues, pinks, whites, etc....)

K. What are some colors to avoid? Check all that apply.

Red  Yellow  Purple  Orange  Blue  White  Pink

L. What is your favorite season/seasons? Check all that apply.

Winter  Spring  Summer  Fall

### III. Home Characteristics

A. What architectural style house do you have?

Contemporary  Colonial  Victorian  Cottage  Georgian  Craftsman

Asian  Spanish  Other- Please explain:

B. How old is the house?

0-5 years  6-15 years  16-25 years  26 or more years

C. Are there any particular aspects of the home you like? Check all that apply.

Trim  Windows  Door  Siding  Roof  Other- Please explain:

D. Are there any aspects of the home you dislike?

Trim  Windows  Door  Siding  Roof  Other- Please explain:

E. How long to plan on living in your home?

0-5 years  6-15 years  16-25 years  26 or more years

### IV. Existing Site Conditions

A. Front Yard Problems- Please list current problems in front yard that you think should be minimized.

1. Visual:

2. Functional:

B. Side Yards- Please list current problems in side yard that you think should be minimized

1. Visual:



2. Functional:

C. Back Yard Problems- Please list problems in back yard that you think should be minimized

1. Visual:

2. Functional:

D. Front Yard Potentials- Please list positive elements that you think should be retained or enhanced in the design.

1. Visual:

2. Functional:

E. Side Yard Potentials- Please list positive elements that you think should be retained or enhanced in the design.

1. Visual:

2. Functional:

F. Back Yard Potentials- Please list positive elements that you think should be enhanced or retained in the design.

1. Visual:

2. Functional:

G. What are the existing light conditions of the site?

Sunny  Shady  Part Sun, Part Shade

H. Do you have an irrigation system?

Yes  No

J. If yes, how often does it run?

Often  Sometimes  Never

K. Are downspouts buried?

Yes  No

L. Are your utilities  above ground or  underground?

M. Do you have drainage issues on the site?

Yes - Please explain:

No

**V. Hardscape (Driveways, Walkways, Patios, Decks, Walls etc...)**

A. Front Yard Problems- Please list current problems as they relate to the hardscape.

1. Visual:

2. Functional:



- B. Side Yard Problems- Please list current problems as they relate to the hardscape.
1. Visual:
  2. Functional:
- C. Back Yard Problems- Please list current problems as they relate to the hardscape.
1. Visual:
  2. Functional:
- D. Front Yard Potentials-Please list positive qualities as they relate to the hardscape.
1. Visual:
  2. Functional:
- E. Side Yard Potentials- Please list positive qualities as they relate to the hardscape.
1. Visual:
  2. Functional:
- F. Back Yard Potentials- Please list positive qualities as they relate to the hardscape.
1. Visual:
  2. Functional:
- G. What kind of material are hardscape elements made of? (concrete, pavers, wood, natural stone, etc...)
1. Driveway:
  2. Walkways:
  3. Patio:
  4. Deck:
  5. Walls:
  6. Fences:
  7. Overhead Structures:
- H. Please indicate your favorite type(s) of hardscape materials. Check all that apply.
- Concrete  Pavers  Wood  Natural Stone  Brick  
 Exposed Aggregate  Asphalt  Other- Please Explain:

**VI. Plant/Style Preference**

- A. What style landscape do you prefer? Check all that apply.



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Formal  Informal  Cottage/Garden  Wooded  Native  Natural  Rock  Water

Butterfly  Asian  Spanish  Symmetrical  Asymmetrical  Curvilinear

Rectangular  Circular  Angular  Arc & Tangent  Other- Please explain:

B. Are there any specific plants that you prefer, including trees, shrubs, and perennials?

C. Are there any specific plants you wish to avoid?

D. Would you like to attract birds  Yes  No or butterflies  Yes  No?

E. Is there any other information about plant preferences that will be useful?

## VII. Maintenance

A. Who will maintain the landscape?

Homeowner  Professional Service

B. What is your preferred level of maintenance that you are willing to do on your property?

High Maintenance  Medium Maintenance  Low Maintenance

C. Would you be interested in hiring Perennial Concepts to perform lawn and/or landscape maintenance?

Yes  No

VIII. Would you want to do the installation in phases?

Yes No

Any additional information that you would like to include: