



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?



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.



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: