

PlanScape Questionnaire

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Numbers: (Home) _____ (Work) _____

Front yard

Back Yard

Approximate elevation of residence: _____ (Feet).

Type of landscaping desired (Check One Please):

Formal Style

Natural Look

Informal – Straight Lines

Informal – Curved Lines

Xeriscape (Low Water Usage)

Other (Describe on Back)

Plants you like: _____

Plants you do not like: _____

Allergies (Pollen, bees, etc.): _____

Do you want a lawn (grass) area? Yes. No. How large (Sq. Ft.) _____

Do you want annual flower beds (flowers that do not come back)? Yes. No.
(Describe where: _____)

Do you want perennial flower beds (flowers that come back year after year)? Yes. No.
(Describe where: _____)

Do you have problems with wildlife (deer, gophers and other critters)? Yes. No

Do you need to enhance or block a particular view? Yes. No
(Describe what and where: _____)

What kind of soil do you have? Clay Loamy Sandy

Do you want a sprinkler system? Yes. No

Do you like rock, bark or mulch Rock Bark Mulch Color? _____

(Describe type and size: _____)

Describe any storage areas: _____

Describe any outdoor work areas: _____

Describe any athletic courts/patios/decks: _____

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Colors you like: _____

Colors you do not like: _____

Are there requirements by covenant? If so, please describe: _____

Is your builder providing you with any sod, plants, trees or other (certificates)? Yes. No
(Describe please: _____)

Color and scheme of paint on house: _____

Describe any disabled or senior citizen special needs: _____

How much time are you willing to devote to maintenance, per week? (Check just one please)

Less than 3 hours

3-5 hours

5-10 Hours

More than 10 hours

Do you want a pond, waterfall or fountain? Yes. No

Do you want lawn statuary or furniture? Yes. No

Questions Specifically for Back Yards

Do you have children? Yes. No
List ages please: _____

Do you want a play area? Yes. No
Size? _____ Lawn or Sand? _____

Do you want a vegetable garden? Yes. No

Do you want fruit trees? Yes. No
If so, how many? _____
What kind? _____

Do you need a dog run or pet area? Yes. No
How large? _____

Please use the remainder of this page, and any additional pages necessary, to continue any items on this questionnaire, and to outline any special wants or needs. Please be sure to explain in detail.