

Landscape Design
Planning Questionnaire for
NEAVE LANDSCAPING, INC.

CLIENT INFORMATION

Name: _____ Date: _____
Current Address: _____ Referred By: _____
Project Address: _____ Home Phone: _____
Names & Ages of Children: _____ Work Phone: _____
Names of Pets: _____ Cell Phone: _____

SITE INFORMATION

Architectural Style of House: _____ Color of House: _____
Desirable Views: _____ Undesirable View: _____
Unique Features: _____ Overhead Utilities: _____
Soil Type: Clay___Decomposed Granite___Sandy___Rocky___Rock Shelf ___Normal___
Direction of Summer Winds: _____ Direction of Winter Winds: _____
Are windscreens needed? ___YES ___NO Where? _____
Are sound buffers needed? ___YES ___NO Where? _____
Are there elevation differences? ___Minimal ___Moderate ___Severe Slopes
Where, if any, are retaining walls needed? _____
What items need storage space? Garden Equipment___Garbage Cans___
Other: _____
Do you need additional parking areas? Cars___RVs___Boat___
Other: _____
Please list three words to describe your current landscaping: _____

Do you have any landscape requirements or restraints through local planning and zoning? _____

What is your estimated budget? First Year \$_____ Second Year\$_____
Total over 5 years \$_____

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Plant Materials

What types of plants do you like? Vines ___ Shade Trees ___ Fruit Trees ___ Shrubs ___
Vegetables ___ Herbs ___ Annual Flowers ___ Perennial Flowers Other: _____

Please list your favorite plants (attach separate piece of paper if necessary): _____

Do you like fragrant plants? _____ How much lawn do you want? _____

What are your favorite colors? _____ What are your least favorite colors? _____

Is anyone in your family allergic to specific plants? _____

Is anyone allergic to bees? _____

Are deer a problem? _____ Are moles/gophers a problem? _____

What special garden areas do you want? ___ Vegetables ___ Cut Flowers ___ Roses ___ Rock Garden
___ Herbs ___ Wildlife/Native ___ Orchard Other: _____

Do you have a survey of your property? _____ Can you provide us with a copy? _____

Comments: _____

Are there any drainage problems? ___ YES ___ NO Where? _____

Are there areas that are too hot or too shady? ___ YES ___ NO Where? _____

Where do you spend the most time in your house? _____ your yard? _____

List any existing trees, shrubs and other plantings you would like saved and/or transplanted: _____

List existing site features and structures: _____

Existing Walks: ___ Brick ___ Cement ___ Gravel ___ Stone ___ Bark

Preferred Level of Maintenance: ___ High ___ Medium ___ Low

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Design Considerations

How is your outdoor space to be used?

Do you entertain? _____

Do you want to attract wildlife? (hummingbirds, butterflies, other): _____

Do you have deer problems? _____

What is your preferred style? Formal ___ Semi-formal ___ Informal ___
Theme Garden (English, Northwest, etc.) ___ Other _____

Preferred shapes (for lawns, walks, decks): Rectangular ___ 45 Angles ___ Circles ___
Straight Lines ___ Curving/Free Form ___ Combination ___ Other _____

Type of Front Entryway: Straight to the Door ___ Meandering ___ Private Courtyard ___

Outdoor structures or features you are considering: (mark Y next to items you are interested in)

___ Outdoor Bar ___ Pond Pergola ___ ___ Bench ___ Deck ___ Kids Play
Area

___ Fountain ___ Garden Rooms ___ Raised Planters ___ Fencing ___ Outdoor Play
Court _____ (ie: basketball, tennis, hockey, volleyball, etc.)

___ Greenhouse ___ Living Fence/Hedge ___ Gazebo ___ Dog Pen/Run ___ Columns

___ Waterfall ___ Patio/Sitting Area ___ Swimming Pool ___ BBQ Area ___ Satellite
Dish

___ Boulders ___ Sculpture ___ Spa/Hot Tub ___ Storage Shed ___ Poolhouse

How many people do you want to accommodate on your patio/deck? _____

Do you want walkways connecting parts of your yard? _____

Do you want outdoor lighting to enhance your landscape? ___ Security? ___ Guidance in Dark? _____

Do you need an automatic sprinkler system? _____ Now? _____ Future? _____

Do you have a well or town water? _____