Landscape Design Questionnaire

Please fill out this Questionnaire along with the measurements on the Site Planner and bring it along to your consultation. This will give us a better understanding of your design goals and issues. You may also want to collect images from magazines or other sources to further clarify the ideas you wish to convey.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Current Address</td>
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<tr>
<td>Project Address</td>
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<tr>
<td>Phone</td>
<td>Cell Phone</td>
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<td>Email Address</td>
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**Soil conditions in your yard?**
- Poor Drainage
- Compacted Soil
- Clay Soil
- Sandy Soil
- Good loamy soil
- Don’t know

**Which type of foundation plants do you prefer?**
- Evergreens
- Deciduous Shrubs
- Perennials
- Combination

**Any ‘Theme’ you would like to be included**
- Herb Garden
- Cutting Garden
- Fragrant Garden
- Woodland Garden
- Native Garden
- Cottage Garden
- Butterfly Garden
- Rock Garden
- None

**Who will install the plan?**
- Owner
- Winter Greenhouse
- Other

**Favorite colors or plants types**
- Perennials
- Trees
- Shrubs/Evergreens
- Climbers
- Annuals
- Color Preferences
- Colors or Plants to avoid

**Light conditions in your yard (or part of yard)?**
- Full sun – more than 6 hours
- Full shade - less than 4 hours
- Part shade - 4 hours
- Any areas too hot?
- Any area too shady?

**How many hours of sun morning or afternoon?**

**Features you want to enhance**
- Driveway
- Deck
- Front entrance
- Lakefront
- Foundation
- Other ____________________________

**What season should the yard look the best?**
- Spring
- Summer
- Fall
- Winter

**I want plants to provide**
- Screening
- Bird attraction
- Noise filter
- Butterfly attraction
- Windbarrier
- Shade
- Other ____________________________

**Any existing plants that need to be...**
- Removed ____________________________
- Relocated ____________________________
- None ____________________________

**Wildlife problems?**
- Deer in the area
- Rabbits
- Moles or Gophers
- None

**How much time do you spend in your yard?**
- _____ Hours per week in the peak seasons
- _____ Hours per week during summer season
- Should be as low maintenance as possible
- Will have others maintain the yard

**Do you wish the beds mulched with?**
- Bark mulch
- Landscape rocks
- Weedbarrier under mulch
- None

**Landscape design preference**
- Formal planting
- Beds with straight lines
- Informal
- Geometric shapes
- Curves
- Natural shapes
- None in particular

**From which room in the house will the garden be most enjoyed?**

**Any irrigation system in place for new transplants?**
- Yes
- No
- Describe ____________________________

Any other special considerations? - Please add to the back of this page.

W7041 Olmstead Rd. Winter, WI 54896 • Phone 715-266-4963 • Fax 715-266-5502
E-mail: mail@wintergreenhouse.com • Website: www.wintergreenhouse.com
Site Planner

Please enter all measurements of your home and the area you want landscaped. Label all utilities like, gas, phone line, cable, down spouts, air conditioning units, dryer vents, doors and windows. Also if possible draw existing trees and shrubs in the area as well as slopes and directions, drainage and roof runoff.

1 square = ___ foot

Please specify direction (North - South)