

# Landscape Design Questionnaire

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## Personal Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of family members?

Children(any special needs)?

Allergies to bees or any plants?

Do you have any pets?

Do you entertain guests outdoors?

## Site Information

Do you have a property survey?

Do you live in a private development that has any special requirements( HOA- Home Owners Association or Review Board)?

Any site problems or concerns(drainage issues, etc.)?

What do you like most about your property or landscape?

What do you like least about your property or landscape?

Do you have an existing irrigation system or desire one?

Do you have adequate parking or need to rearrange your parking situation?