

Received on: _____

Design Questionnaire

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (Home) _____ (Cell) _____

Email: _____

Please answer all the questions and check off as many items as possible in this packet. The more we know about your yard, the better we can design a plan to fit your needs. Accuracy in measuring is also very important, resulting in a more accurate design, which inevitably will be easier for you to install.

Tell us about your project. What would you like to accomplish?

What is your design preference:

- Formal
- Informal
- Natural
- Structured (straight lines)
- Curved Bed Lines

Amount of time you like working in the garden:

- Every Day
- As much as possible
- A few weekends a month
- One weekend a month
- Absolute minimum

Will you Be:

- Installing yourself
- Jim Whiting Nursery Install
- Combination of Both

Soil Conditions in area

- Always wet Wet only in spring
- Very Dry
- Compacted Soil
- Clay Soil
- Sandy Soil
- Rocky
- Loamy Soil

Light Conditions in area

- Full Sun – 6+ hours of sun
- Full Shade – less than 4 hours of sun
- Part Sun – 4-6 hours of sun
- How many hours of sun in the morning?
- How many hours of sun in the afternoon?

Direction area faces?

- North
- South
- East
- West

Plant Preferences

- Evergreens
- Deciduous Shrubs
- Perennials
- Annuals
- Natives
- Combination of Above

Landscape Should Provide

- Privacy (Screen)
- Shade
- Noise Filter
- Wind Barrier
- Attract Butterflies
- Attract Birds

Wildlife Browsing?

- Yes
- No
- Mostly Deer
- Mostly Rabbits

What is your favorite season?

- Spring
- Summer
- Autumn
- Winter
- All of Them

Location Specifics

- Very windy
- Protected
- Sloped
- Drainage Problems
- Walnut Trees in Vicinity
- Many Roots

Mulch Preference

- Natural Shredded Bark
- Dyed Bark Mulch
- Cedar Mulch
- Stone Mulch
- Weed Barrier

Are there plants that need to be removed? ___ Are there plants that need to be transplanted elsewhere? ___

Are there plants that need to be pruned? ___ Please describe _____

Are there views of the yard you wish to preserve or frame? _____

What is the color and material of your home? _____

Plant and Color Preferences:

(A walk through our nursery will give you an opportunity to note which plants appeal to you.)

Favorite Perennials	Favorite Trees	Favorite Shrubs	Favorite Evergreens	Color Preferences	Color/Plant Dislikes

Are you a new client? ___ Yes ___ No

How did you hear about the We Plan – You Plant program? _____

How did you receive the We Plan – You Plant packet of materials?

