



LANDSCAPE
PROGRAM DEVELOPMENT
CHECKLIST

Date: _____

Name(s): _____

Address: _____

Phone: _____
HOME OFFICE CELL

E-mail: _____

GENERAL INFORMATION:

How long have you lived in Florida? _____ Where did you previously live? _____

What are the age ranges of family members who will be using the garden? _____

Tell us about your Pets? _____

Do any family members have physical challenges? If yes, what kind? _____

Any specific plant allergy concerns? If yes, what kind? _____

Do children visit your home? Often Seldom Hardly Ever

How long do you expect to stay in this house? _____

Are there any future exterior remodeling plans for your home? _____

Who will install the garden? _____

Who will maintain the garden? _____

OUTDOOR USE:

How often do you have outdoor activities? Daily Week-ends Monthly Seldom

What seasons are you outdoors? Spring Summer Autumn Winter

List the activities that you and your family enjoy outdoors in the garden: _____

Hobbies: _____

Sports: _____

Entertaining (what kind and how many people?): _____

Gardening (what kind?): _____

Relaxation/Meditation: _____

Other: _____

CHECK PROGRAM NEEDS FOR YOUR LANDSCAPE:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Barbecue area | <input type="checkbox"/> Compost area | <input type="checkbox"/> Noise reduction | <input type="checkbox"/> Outdoor Kitchen |
| <input type="checkbox"/> Area for pets | <input type="checkbox"/> Work area | <input type="checkbox"/> Storage area | <input type="checkbox"/> Parking/Driveway |
| <input type="checkbox"/> Boat/Trailer storage | <input type="checkbox"/> Potting Bench or shed | <input type="checkbox"/> Mosquito Misting System | <input type="checkbox"/> Drainage |
| <input type="checkbox"/> Septic/Drainfield to keep clear | <input type="checkbox"/> Privacy | <input type="checkbox"/> Trash container storage | <input type="checkbox"/> Security |

DESIRED SITE ELEMENTS:

Check the items you want in your design:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Gazebo | <input type="checkbox"/> Fence | <input type="checkbox"/> Reflecting Pool | <input type="checkbox"/> Obelisk/Tuteur |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Deck | <input type="checkbox"/> Pond w/plants | <input type="checkbox"/> Wall plaque |
| <input type="checkbox"/> Pergola | <input type="checkbox"/> Patio/Terrace | <input type="checkbox"/> Water | <input type="checkbox"/> Fountain |
| <input type="checkbox"/> Boulders | <input type="checkbox"/> Arbor | <input type="checkbox"/> Paths | <input type="checkbox"/> Wall fountain |
| <input type="checkbox"/> Outdoor fireplace | <input type="checkbox"/> Arch | <input type="checkbox"/> Seating | <input type="checkbox"/> Raised beds |
| <input type="checkbox"/> Outdoor shower | <input type="checkbox"/> Trellis | <input type="checkbox"/> Containers | <input type="checkbox"/> Statuary |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Wall | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Sundial |
| <input type="checkbox"/> Garden Whimsy | <input type="checkbox"/> Seating Wall | <input type="checkbox"/> Spa | <input type="checkbox"/> Birdbath |
| <input type="checkbox"/> Other _____ | | | |

List the plants and/or objects to keep, remove or relocate: _____

Materials to use in the garden:

- | | | | |
|--------------------------------|--|--------------------------------|---------------------------------|
| <input type="checkbox"/> Brick | <input type="checkbox"/> Tile | <input type="checkbox"/> Wood | <input type="checkbox"/> Glass |
| <input type="checkbox"/> Stone | <input type="checkbox"/> Concrete Pavers | <input type="checkbox"/> Metal | <input type="checkbox"/> Stucco |

Environmental elements to include:

- Xeriscaping
- Elimination of turf
- Low volume irrigation
- Reduction/consolidation of turf areas
- Other: _____

What is your dream garden? _____

AREAS FOR MODIFICATIONS:

Areas to add shade: _____
Areas to keep sunny: _____
Areas of privacy screening: _____

PREFERENCES:

What landscape style do you prefer? _____

Favorite Colors: _____
Palms: _____
Shade trees: _____
Understory trees: _____
Shrubs: _____
Groundcovers: _____
Vines: _____
Ornamental Grasses: _____
Perennials: _____
Annuals: _____
Wildlife/butterfly plants: _____
Cut flowers: _____
Aquatic plants: _____
Fruit: _____
Vegetables/herbs: _____
Fragrant plants: _____
Other: _____

What colors or plants do you dislike: _____