

Landscape Development Checklist
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Your Name(s): _____

Date: _____

Your Address: _____

General Information:

What will the landscape be used for? _____

Are there any pets that will be in or around the garden? Yes No

Will there be children in this garden? Yes No

How long do you plan to stay at this home? _____

Who will maintain the garden areas? _____

Outdoor Use:

Who often will you use the space? Daily Weekends Monthly Seldom

What season are you outdoors? Winter Spring Summer Fall

List the activities that you and your family enjoy outdoors:

Hobbies: _____

Sports: _____

Entertaining (What kind?): _____

Gardening (what kind?): _____

Relaxation/ Meditation: _____

Other: _____

Check boxes for needs in your landscape:

- Barbecue Area
- Outdoor Kitchen
- Potting Shed
- Noise Reduction
- Outdoor Fireplace/ Pit
- Area for Pets
- Trash Container Area
- Boat/ Trailer Storage
- Walkways
- Parking/ Driveway
- Privacy
- Patio
- Noise Reduction
- Compost Area
- Drainage
- Spa

Preferences (Materials you would like to see):

Landscape Style: _____

Colors: _____

Shade Trees: _____

Understory Trees: _____

Shrubs: _____

Ornamental Grass: _____

Perennials: _____

Others: _____

Dislikes: _____

Desired Site Elements (Check the items you want in your design):

- Gazebo
- Arbor
- Seating Wall
- Patio/ Terrace
- Seating
- Outdoor Fireplace/ Pit
- Pergola
- Trellis
- Wall
- Walkways
- Water Feature
- Lighting
- Containers
- Fence
- Raised Bed
- Boulders
- Others _____

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

Materials you would like used in the landscape:

- Brick
- Natural Stone
- Water
- Metal
- Rock Mulch

Mortar

Concrete

Wood

Wood Mulch

Other: _____