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Environmental Design Consultants - Landscape Planning Guide

environmental
Design
consultants inc.
creative landscape planning and design



Landscape Design Checklist

In order to create a personalized landscape design, your input is needed and encouraged. Feel free to include ideas you favor as well as those you do not want in your own landscape. The following is a list of key design points to use as a guide. You, of course, are not limited to these ideas. Please include pictures from magazines and other sources that represent the look you desire in your Homescape.

Client Information:

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

Project Profile: Please check all concepts or details that best apply to your project.

- ☐ New construction ☐ Remodel
- ☐ Need extensive landscape renovations
- ☐ Need specific area improvements List areas _____
- ☐ Restrictive landscape covenants apply (please provide)
- ☐ Urban home site ☐ Suburban home site ☐ Rural home site
- ☐ Large family ☐ Small family ☐ Empty nesters
- ☐ Entertain large groups ☐ Entertain small groups ☐ Private retreat
- ☐ Family allergies exist ☐ Medical conditions exist ☐ Have outdoor pets
- ☐ Other _____

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Design Theme: When you think about your project, which of the following best fits the style you want?

☐ Formal

☐ Natural

☐ Contemporary

☐ Country

Other _____

Design Forms: Which of the following design forms do you typically favor?

☐ Curving lines

☐ Straight lines

☐ Diagonal lines

☐ Natural lines

☐ Loose/informal

☐ Clean/crisp

☐ Formal/balanced/manicured

Other _____

Design Mood: What overall feel would you prefer for your project?

☐ Private retreat

☐ Social/public/interactive

☐ Open/play/spacious

☐ Wildlife sanctuary

Other _____

Plantings: Please use the note section to list any additional likes or dislikes.

List plant material desired

List plant material NOT desired

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Bloom Colors: What color scheme do you prefer?

☐ Warm colors – red, yellow, orange, etc.

☐ Cool colors – blue, white, lavender, etc.

☐ Mixed colors

Other _____

Timing of Color: Are there times of the year you specifically want to see more color?

☐ Throughout the year

☐ Fall

☐ Winter

☐ Spring

☐ Summer

What is your favorite season _____

Turf: Please check the description that best describes the turf area you desire.

☐ Small grassed area

☐ Large grassed area

☐ Play surface

☐ None

Variety of turf preferred _____ (Bermuda, Zoysia, Centipede, etc.)

Maintenance Desired: Please check the description that best describes your maintenance preference.

☐ Low

☐ Moderate

☐ Avid gardener

☐ Will use professional maintenance contractor

Irrigation: Please check the description that best describes your irrigation preference.

☐ I have an irrigation system

☐ I need an irrigation system

☐ I will manually water

☐ Water restrictions apply

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Hardscape: Please check elements you want as part of your overall design.

- | | | |
|--|--|--|
| <input type="checkbox"/> Terrace/patio | <input type="checkbox"/> Driveway/parking | <input type="checkbox"/> Walkways/paths |
| <input type="checkbox"/> Outdoor kitchen | <input type="checkbox"/> Fireplace/fire pit | <input type="checkbox"/> Privacy structure |
| <input type="checkbox"/> Arbor/shade structure | <input type="checkbox"/> Waterfall/garden pool | <input type="checkbox"/> Swimming pool |
| <input type="checkbox"/> Spa/hot tub | <input type="checkbox"/> Pool house | <input type="checkbox"/> Children's play area/game space |
| <input type="checkbox"/> Outdoor lighting | <input type="checkbox"/> Sculpture | <input type="checkbox"/> Dog kennel |
| Other _____ | | |

Construction Material Preferred for Hardscapes: Check all that apply to your project.

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Brick | <input type="checkbox"/> Cobblestone/pavers | <input type="checkbox"/> Cut stone |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Native stone/boulders | <input type="checkbox"/> Crushed stone |
| <input type="checkbox"/> Flagstone | <input type="checkbox"/> Stamped concrete | <input type="checkbox"/> Metal/wrought iron |
| Other _____ | | |

Installation Process:

- ☐ I will use a professional landscape contractor.
- ☐ I will install a portion of the project myself.
- ☐ I will install the entire project myself.
- ☐ I will complete the project in stages over time.
- ☐ I prefer the project to be completed at one time.

Have you established a budget for the complete installation of this project? Yes _____ No _____

Please use the following page for additional comments or directions.

Notes – Please use this page for any additional notes or comments.

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Your Visual Ideas

On the grid below, draw a rectangle that represents your home on your lot. Roughly indicate with outlines or circles your personal ideas of the general landscape you desire. Don't worry about being exact or even artistic, we just want an idea of your vision.

Client Information:

Name _____

