

ALTAMONT LANDSCAPES
RESIDENTIAL & COMMERCIAL
LAND DESIGN & DEVELOPMENT

CHECKLIST

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

A. Our Family

There are ____ men, ____ women, ____ boys and ____ girls living here. Our children's age(s) are: _____

Their hobbies and outdoor activities include: _____

The INDOOR family activities we enjoy most at home include (check as many as apply):

- | | |
|--|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Creative hobbies | <input type="checkbox"/> Computing & surfing the Web |
| <input type="checkbox"/> Watching TV & video or listening to CDs | <input type="checkbox"/> Other |

The OUTDOOR family activities we enjoy most at home include (check as many as apply):

- | | |
|---|--|
| <input type="checkbox"/> Barbecuing | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Family meals | <input type="checkbox"/> Relaxing in hot tub |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Sunbathing |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Entertaining neighbors |
| <input type="checkbox"/> Entertaining guests' | <input type="checkbox"/> Dancing or listening to music |
| <input type="checkbox"/> Lawn games, such as badminton or croquet | <input type="checkbox"/> Team or one-on-one sports |
| <input type="checkbox"/> Playing with pets' | <input type="checkbox"/> Other |

Our away-from-home interests and activities include (i.e.: golf, tennis, skiing, travel, theater, spectator sports, etc.): _____

We entertain guests OUTDOORS approximately:

- 0-4 times a year 5-10 times a year 11-20 times a year 20+ times a year

Usual number of guests: _____

Are there family members with any allergies or medical conditions that we should be aware of? Yes No

Are there any pets in the home that require a kennel or dog run? Yes No

B. Our Home

In our home, we tend to favor activities and lifestyles that are:

- Formal Informal Casual Unplanned

Our interior decor tends to be:

- | | |
|---|--|
| <input type="checkbox"/> Mediterranean | <input type="checkbox"/> American southwestern |
| <input type="checkbox"/> Japanese/Far Eastern | <input type="checkbox"/> Country style |
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Contemporary |
| <input type="checkbox"/> Eclectic | |

The furniture styles we enjoy most are: _____

The interior colors of our home are: _____

Our personal color preferences are: _____

C. Our Property

Is the site:

- Level Sloped Open Wooded

If the site slopes, does it fall away to the front, back, or side? _____

Which direction does your house face?

- North South East West

What is the general architectural design of the house? _____

Are there natural features on the property you want to emphasize or minimize? Yes No

If yes, please describe. _____

Are there street lights, noise, buildings, or views that are troublesome? Yes No

If yes, please describe. _____

Are there any drainage problems? Yes No

If yes, please describe. _____

Do you use:

- City water Well water Septic tank

Which of the following needs or ideas should we talk about?

- | | |
|---|---|
| <input type="checkbox"/> Space limitations (we need to maximize usable areas) | <input type="checkbox"/> View protection |
| <input type="checkbox"/> Wind breakers | <input type="checkbox"/> Noise control elements |
| <input type="checkbox"/> Shade enhancements | <input type="checkbox"/> Privacy components |
| <input type="checkbox"/> Energy conservation | <input type="checkbox"/> Attract birds |
| <input type="checkbox"/> Discourage wildlife | <input type="checkbox"/> Other |

Do you have a plot map or site map from either your builder or the county that shows the footprint of the house and the Property lines drawn to scale that we can review? Yes No If Yes please bring it to our first meeting.

D: Our Personal Style

Is there a general landscape design style you prefer?

- | | |
|--|---|
| <input type="checkbox"/> Formal or European garden | <input type="checkbox"/> Cottage Garden |
| <input type="checkbox"/> Mediterranean | <input type="checkbox"/> American southwest |
| <input type="checkbox"/> Japanese or Asian | <input type="checkbox"/> Northwest garden |
| <input type="checkbox"/> Mountain or alpine meadow | |

How often do you garden?

- Never Rarely Sometimes Often

Do you have or desire an area for growing vegetables? Yes No

Do you have any favorite trees, plants, and flowers you would like to include? Yes No

If yes, please describe. _____

Are there any plants that you do not want? Yes No

If yes, please describe. _____

Does the existing lawn need to be replaced or renovated? Yes No

Is there considerable foliage, shrubbery, or trees to be removed? Yes No

If yes, please describe. _____

We would like to consider including the following facilities as part of the new landscape plan:

- | | |
|--|--|
| <input type="checkbox"/> Barbecue area | <input type="checkbox"/> Boat or RV parking area |
| <input type="checkbox"/> Children's play area | <input type="checkbox"/> Enclosed storage |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Hot tub or spa |
| <input type="checkbox"/> New entrance walks or driveways | <input type="checkbox"/> Outdoor lighting |
| <input type="checkbox"/> Retaining walls | <input type="checkbox"/> Sport court |
| <input type="checkbox"/> Sprinkler system | <input type="checkbox"/> Swimming pool |
| <input type="checkbox"/> Vegetable garden | <input type="checkbox"/> Other |

Do you have a targeted start or finish date? Yes No

If yes, please describe. _____

Maintenance for the garden or landscape will be done by:

- Yourself Garden maintenance company Other