

LANDSCAPE PROGRAM DEVELOPMENT CHECKLIST

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407.622.4886/ fax 622.4887/ www.hortusoasis.com

Your Name(s): _____ Date: _____

Address: _____

Phone: (H) _____ (O) _____ (C) _____ (F) _____

Email: _____

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? _____

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? Yes No

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

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

Who will install the garden? _____

Who will maintain the garden? _____

Outdoor Use:

How often do you have outdoor activities? Daily Weekends 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:

- Barbecue area
- Outdoor kitchen
- Storage area
- Potting bench or shed
- Work areas
- Trash container storage
- Compost area
- Area for pets
- Parking/Driveway
- Drainage
- Privacy
- Security
- Noise reduction
- Septic/Drainfield to keep clear
- Boat/Trailer storage
- Other: _____

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Areas for Modifications

Areas to add shade: _____

Areas to keep sunny: _____

Block from cold winter winds: _____ Cool with summer breezes: _____

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?

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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 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 below) |

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:

- | | |
|--|--|
| <input type="checkbox"/> Elimination of turf | <input type="checkbox"/> Natural pest control |
| <input type="checkbox"/> Reduction/consolidation of turf areas | <input type="checkbox"/> Low volume irrigation |

What is your dream garden? _____

