



Name _____

Address _____

Client Needs Assessment Questionnaire

May I first say thank you for considering Landmark Landscape Contractors to assist you in designing your landscape. At Landmark as important as it is for us to create a beautiful finished product for you it is equally important for us to provide you with a great experience. Our job is to be your guide through design and selection of materials to installation and beyond. So, to help us tailor your landscape to fit your own needs and your own personality, we must first understand your own preferences and what it is that you are ultimately trying to accomplish. If you would, please take your time and fill out the following questionnaire with as much detail as you can give us. Feel free to write in the margins, make notes or even cut out pictures of examples. The more information you can provide the better. Thank you again for your consideration and we look forward to beginning this journey together.

ABOUT YOUR HOME

1. Do you have any plans or blue prints of your property? **Yes or No**

*If yes, please have them available for our first appointment.

2. Are you aware of your property boundaries? **Yes or No**

3. Are pins and markers visible? **Yes or No**

4. Are you aware of any deed, easement, or zoning restrictions? **Yes or No**

5. Do you have an invisible fence installed for pets? **Yes or No**

LANDSCAPING NEEDS

8. Which area of your property are you considering having landscaped?

1. Entire property

3. Back of home

5. Other:

2. Front of home

4. Along property line

9. Have you established a budget for the work you wish to have completed?

1. \$1,000 - \$5,000

4. \$20,000 - \$30,000

7. \$50,000 - \$75,000

2. \$5,000 - \$10,000

5. \$30,000 - \$40,000

8. \$75,000 +

3. \$10,000 - \$20,000

6. \$40,000 - \$50,000

(Because there are many of elements that go into establishing a professional landscape, many of our clients don't have a definite idea of actual cost. However, what most of our clients do is have an idea of what their overall financial budget would allow.)

10. Are you interested in doing all the work at once or in phases? _____

11. Do you have a desired date of completion? _____

DESIGN PREFERENCES

12. Which of the following priorities would you like to implement in your design?

- | | |
|--|---|
| <input type="checkbox"/> Privacy | <input type="checkbox"/> Outdoor entertaining or dining |
| <input type="checkbox"/> Curb appeal | <input type="checkbox"/> Children's play space |
| <input type="checkbox"/> View(s) from inside your home | |

13. Please check and priorities the following features you would like to implement in your design.

- | | | |
|--|--|--|
| <input type="checkbox"/> Paver/Brick Patio | <input type="checkbox"/> Boulders | <input type="checkbox"/> Fire Pit |
| <input type="checkbox"/> Paver/Brick Walkway | <input type="checkbox"/> Arbor, Pergola or Trellis | <input type="checkbox"/> Water Feature |
| <input type="checkbox"/> Retaining Walls | <input type="checkbox"/> Landscape lighting | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Natural Fieldstone | <input type="checkbox"/> Built in Grill or Fireplace | <input type="checkbox"/> Pool or Hot Tub |

**** #1 Being highest priority****

14. Considering outdoor furniture, grill and traffic patterns, how large of any outdoor living space are you considering? _____ Sq. Ft.

15. On special occasions, how many people should the space accommodate? _____

16. Which features of your current landscape do you like and/or dislike? (Ex: views, plant material, privacy, etc.)?

17. What kind of plants do you particularly like or dislike?

****Please indicate "L" for Like, "D" for Dislike****

- | | |
|---|--|
| <input type="checkbox"/> Flowering shrubs and trees (Ex. Dogwood) | <input type="checkbox"/> Specimen plants (Ex: Jap Maple) |
| <input type="checkbox"/> Shade trees (Ex: Maple) | <input type="checkbox"/> Annuals |
| <input type="checkbox"/> Deciduous shrubs (Ex: Burning Bush) | <input type="checkbox"/> Perennials |
| <input type="checkbox"/> Coniferous evergreens (Ex: Pine Tree) | <input type="checkbox"/> Grasses |
| <input type="checkbox"/> Broadleaf evergreens (Ex: Holly) | <input type="checkbox"/> Bulb flowers |

18. Do you have any color preferences?

LANDSCAPE MAINTENANCE

19. How much time would you like to spend maintaining your landscaping monthly and/or yearly?

20. Is maintaining your landscaping something you plan on doing yourself or with assistance?

21. Would you be interested in one of the following maintenance services?

- | | |
|---|---|
| <input type="checkbox"/> Spring Clean-up | <input type="checkbox"/> Re-mulching |
| <input type="checkbox"/> Shrub Pruning/Trimming | <input type="checkbox"/> Bulb or Annual Plantings |

We appreciate you taking the time to complete this brief questionnaire. This will greatly helps us in expediting your project. We look forward to meeting with you in the near future to discuss your landscaping in further detail.