

Client involvement throughout the design process is very important to at Ann Johnson Design. The more information you can give us, the better we can make informed recommendations to accurately reflect your needs. The following questions have been developed to help us determine your specific needs and requirements. Your answers will be used as a guideline and reference during the preparation of your custom landscape solution by our design team. If you have any questions please call 770-426-7007. Please complete the entire questionnaire and Platt and fax it to: 770-590-8781, email ann@annjohnsondesign.com, or mail it to: Ann Johnson Design, 1008 Frank Kirk Road, Kennesaw, GA 30152-4647.

Name _____ & _____ Phone _____
First Last

Address _____

Street _____ City _____ Zip _____

Phone _____ Fax _____

E-mail _____

Number of children and ages _____

Pets

Hobbies: ☐ Reading ☐ Music ☐ Birds ☐ Other

1 Please indicate your interest in the following landscape features by ranking their importance on a scale of 1-3. One (1) being high priority and three (3) being low priority. Please feel free to make any additional notes or comments.

- | | |
|---|---|
| <input type="checkbox"/> Entry Enhancement | <input type="checkbox"/> Arbor / Trellises |
| <input type="checkbox"/> Patio Area (size): _____ | <input type="checkbox"/> Vegetable Garden (size): _____ |
| <input type="checkbox"/> Driveway Design/Relocation _____ | <input type="checkbox"/> Gazebo (size): _____ |
| <input type="checkbox"/> Seating Walls | <input type="checkbox"/> Flower Garden (size): _____ |
| <input type="checkbox"/> Address Post/Mail Box _____ | <input type="checkbox"/> Screened Porch (size): _____ |
| <input type="checkbox"/> Deck Area (size): _____ | <input type="checkbox"/> Herb Garden (size): _____ |
| <input type="checkbox"/> Post Light (gas/electric) _____ | <input type="checkbox"/> Storage Shed (size): _____ |
| <input type="checkbox"/> Water Feature | <input type="checkbox"/> Shade Tree _____ |
| <input type="checkbox"/> Landscape Lighting (front, back) _____ | <input type="checkbox"/> Children's Play Area |
| <input type="checkbox"/> Spa | <input type="checkbox"/> Flowering Trees and Shrubs _____ |
| <input type="checkbox"/> Walks Around Site _____ | <input type="checkbox"/> Open Yard Space |
| <input type="checkbox"/> Pool (size): _____ | <input type="checkbox"/> Retaining Wall _____ |
| <input type="checkbox"/> Dog Run (size): _____ | <input type="checkbox"/> Barbecue (portable / permanent) |
| <input type="checkbox"/> Tennis Court | <input type="checkbox"/> Wildlife Area _____ |
| <input type="checkbox"/> Trash Storage (size): _____ | <input type="checkbox"/> Drainage |
| <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Containerized Planting _____ |
| <input type="checkbox"/> Firewood Location (size): _____ | <input type="checkbox"/> Natural / Wildflower Area |
| <input type="checkbox"/> Fencing (decorative or privacy) | <input type="checkbox"/> Solarium / Greenhouse _____ |
| <input type="checkbox"/> Air Conditioner Relocation | <input type="checkbox"/> Other: _____ |

Questionnaire

- 2 If you anticipate any architectural modifications to your house or garage, please explain below:

- 3 Yard activities: Please indicate present or anticipated frequency for each activity by checking the appropriate line.

	Daily	Weekly	Monthly	Rarely
Barbecue Grilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing Active Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flower Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching Wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4 Yard maintenance: Please check appropriate line.

☐ Maintain own yard. Number of hours per week _____

☐ Hire lawn service to maintain yard. _____

- 5 Entertaining: Please describe how you would like to use your outdoor living areas for entertaining.

Average Number of Guests: _____

Maximum Number of Guests: _____

Formal vs. Informal Entertaining: _____

How often do you entertain? _____

Typical Activities (games, dining, etc.): _____

Typical Age Groups: _____

Questionnaire

⑥ Special interests: _____

⑦ In each of the following topic areas, please indicate personal preference by checking appropriate line and making a small notation when necessary.

Design Style

- | | |
|--|--|
| <input type="checkbox"/> Free Form Curvilinear | <input type="checkbox"/> Highly Maintained |
| <input type="checkbox"/> Rustic | <input type="checkbox"/> Symmetrical |
| <input type="checkbox"/> Low Maintenance | <input type="checkbox"/> Private |
| <input type="checkbox"/> Formal | <input type="checkbox"/> Historic |
| <input type="checkbox"/> Geometric | <input type="checkbox"/> Modern |
| <input type="checkbox"/> Naturalistic | <input type="checkbox"/> Traditional |
| <input type="checkbox"/> Avant Garde | <input type="checkbox"/> Emphasis on Color (which one) _____ |

Building Materials – please note color if applicable

- | | |
|--|--|
| <input type="checkbox"/> Asphalt _____ | <input type="checkbox"/> Cut Limestone _____ |
| <input type="checkbox"/> Brick _____ | <input type="checkbox"/> Granite _____ |
| <input type="checkbox"/> Bluestone _____ | <input type="checkbox"/> Flagstone _____ |
| <input type="checkbox"/> Marble _____ | <input type="checkbox"/> Wood _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Timbers/R.R. Ties _____ |

Plant Material*

- | | |
|---|---|
| <input type="checkbox"/> Shade Trees (light/dense shade) _____ | <input type="checkbox"/> Large Evergreens (pine/spruce/fir) _____ |
| <input type="checkbox"/> Ornamental Shrubs and Trees _____ | <input type="checkbox"/> With Flowers _____ |
| <input type="checkbox"/> Decorative Fruit _____ | <input type="checkbox"/> Interesting Shape _____ |
| <input type="checkbox"/> Interesting Bark _____ | <input type="checkbox"/> Low Evergreen Shrubs _____ |
| <input type="checkbox"/> Wild Life Attracting Shrubs & Trees _____ | <input type="checkbox"/> Exotic (species and shapes) _____ |
| <input type="checkbox"/> Ground-Covers _____ | <input type="checkbox"/> Spring Flowering Bulbs _____ |
| <input type="checkbox"/> Perennials/Wildflower/Ornamental Grasses _____ | <input type="checkbox"/> Annuals _____ |

* Please note any plants that you know and like/dislike or preferred color for any of the above categories on lines provided.

Questionnaire

8 Budget/Scheduling

Cost Approach

- ☐ Work with string budget of \$ _____
- ☐ Develop concepts, then establish budget.
- ☐ For potential phased construction, please indicate:
1. Total construction budget \$ _____
2. Number of _____ Phases at \$ _____ Over Number of _____ Years
- Other _____

Desired construction schedule: _____

Please indicate any other preferences or requirements below.

Owner Will Furnish:

- ☐ Plat house plan
- ☐ Contour Map
- ☐ Other _____