

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 _____