LANDSCAPE SITE & NEEDS ASSESSMENT

The first step to planning your landscape is to evaluate your current site and needs. This form will help you evaluate what you have and what you want.

If you are participating in the Water Smart Landscape (WSL) rebate program, please refer to the program conditions to ensure what you would like to have in your landscape meets the qualifications of the program.

Date __________________________

PRIVATE AREA:

Do you want enclosed privacy areas?  Yes _____ No _____

What type of enclosure?  Walls____ Fences____

Do you want a deck or patio?  Yes _____ No _____

If yes, what type of materials would you prefer:

(WSL program customers need to refer to conditions to ensure materials qualify under the program)

Surface area _______________________________

Covered  Yes_____ No_____ If yes, what material?___________________________

Do you want patio/deck to accommodate guests as well as family members? Yes___ No___

Number of people your patio will accommodate most often ___________

Lawn Games Area

Will the lawn area be used at night and therefore need lighting? Yes _____ No _____

Please check yes if you want any of the following lawn games?

Badminton (24' x 54') _____ Basketball (40' x 40') _____
Croquet (30' x 60') _____ Horseshoes (20' x 40') _____
Putting Green (30' diameter) _____ Shuffleboard (6' x 45') _____
Tetherball (20' diameter) _____ Tennis (60' x 120') _____

Other:________________________________________________________________________
_____________________________________________________________________________
**Children’s Play Area**

Some of the following play items might be included in the play area. Circle those you would like to add or include on your property:

- Playhouse
- Slide
- Swings
- Sandbox
- Blackboard
- Playground
- Wading Pool
- Tricycle ‘freeway’
- Other: ____________________________

What types of surfaces do your children want to walk on and play in, in their play area?
- Sand ______
- Wood chips ______
- Wood _____
- Small gravel _____
- Grass _____
- Other: ____________________________________________

**PUBLIC AREA:**

**Facilities Needed for Outdoor Cooking**

Do you want a permanent cooking grill?  Yes_____ No_____  
Size____________     Gas_____ Charcoal_____  
Would you rather use a portable grill?  Yes_____ No_____  
Do you need a sink with running water?  Yes_____ No_____  
Is running water available?      Yes_____ No_____  
Would you like an outdoor bar?     Yes_____ No_____  
List any other cooking needs_______________________________________________________
  _______________________________________________________________________________

Is overhead shade needed to protect people and furniture?  Yes_____ No_____  
Would a trellis cover covering be enough?    Yes_____ No_____  
Do you want a roofed area overhead?        Yes_____ No_____  
  No_____  
Materials desired?_______________________________________________________________
  _______________________________________________________________________________
Swimming Pools  (Note: Pools do not qualify under the WSL program)

Are you considering a permanent pool and patio area?  Yes_____ No_____ 
Size  ________  Shape  ________
Diving Area  ________  Decking Material  ________
Pool Material  ________  Outdoor Lighting at Night  ________
Dressing Facilities  ________  Equipment Storage  ________
Pool Cover  ________  removable or mechanical/permanent (circle one)

(See the SNWA Pool Cover rebate coupon program)

Accessories
Container Plantings_____________________________________________________________
Planter Boxes _________________________________________________________________
Dwarf Fruit Trees_______________________________________________________________
Drought Tolerant Plantings_______________________________________________________

Possible Outdoor Elements
Sculpture  _________________________________________________________________
Bird Bath  _________________________________________________________________

List of currently existing problem areas___________________________________________
______________________________________________________________________________
______________________________________________________________________________

What size driveway do you need?________________________________________________
Surface material desired?________________________________________________________
Number of cars in the family?____________________________________________________
Do you need off-street parking for guests?  Yes_____ No_____ 
Surface material desired?________________________________________________________
Number of cars?_______________________________________________________________
Do you need privacy from the front street?  Yes_____ No_____
Do you want to have an entrance court? Yes____ No____
Surface material desired? ____________________________________________
Is shade needed? ____________________________________________
Is a bench appropriate? ____________________________________________

Does the front landscape need utility lighting at night for safety? Yes____ No____
Do you want landscape lighting for dramatic nighttime effects? Yes____ No____

**Permanent Seating**

Do you desire permanent seating? Yes____ No____
Where do you need seating?_______________________________________________________
Which of the following seating arrangements would you like to use?
_____Moveable Benches
_____Seat-High Planters or Walls
_____Tables and Chairs
_____Bench incorporated with Deck
_____Other Ideas ________________________________________________________________

Desired Materials:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**SERVICE AREA:**

Based on your interest in working in the landscape, to what extent should your future landscape plan be maintenance free? Minimum_____ Moderate_____ High_____

**Gardens**

Do you want a vegetable garden? Yes____ No____
Size___________ Type of vegetables__________________________________________
Would you like the garden screened from view?  Yes_____ No_____ 

In addition to a vegetable garden, which of the following ornamental type gardens would you add to your property?

Natural Study Garden _____  Hobby Garden (potted plants)_____ 
Herb Garden _____  Flower Borders _____ 

Do you want a flower-cutting garden?  Yes_____ No_____  
Size________  Types of flowers __  ________________________________

Do you want to create your own fertilizer (compost)?  Yes_____ No_____ 

Pets
Does your dog (or other pet) require a place to run?  Yes_____ No_____  
Dog House______________________  Size of Run______________________  
Location______________________  Shade__________________________  
Other pet requirements ________________________________

Clothesline
Do you want a clothesline?  Yes_____ No_____  
Frequent use _____  Occasional Use_____  
Permanent _____  Portable _____ Surface Material___________

Storage
Is there a need for storing recreational vehicles?  Yes_____ No_____  
Camper _____ Size ____________  Boat_____ Size ____________  
Trailer_____ Size ____________  Jetski_____ Size ____________  
Other ________________________________

Would you like a place to store lawn equipment?  Yes_____ No_____  
Size needed__________
Is storage needed for patio furniture?  Yes____ No____
Number____  Preferred location______________________________

**LAWN AND PLANT AREAS**

How much lawn do you desire?
Large_____ Medium_____ Small_____ None____

What type of lawn sprinkler system will you use?
Pop-up spray_____ Subsurface_____  

Will you use drip irrigation for plants?  Yes_____ No_____  
Brand name preference, if any__________________________________________

List of plants you would like incorporated in your design:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Are there any plants or insects you are allergic to?  Yes_____ No_____
_______________________________________________________________________

Are there favorite colors for the above plant material you may want to incorporate into the design?  
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Do you desire to attract hummingbirds, birds, etc by feeders or birdbaths? Yes___ No_____

Additional improvement needs or wants:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________