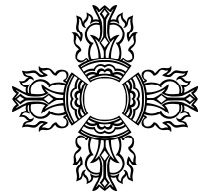


# JACOB HAMILTON GARDENS INC.



## LANDSCAPING WORKSHEET

NAME:		
ADDRESS:		
PHONE :	Home:	Cell:
EMAIL:		

### OUR GOAL

*In a few sentences please let us know what you would like to achieve at the end of the project.*


How did you hear about us? \_\_\_\_\_

### PROJECT BUDGET

- Do you have a budget in mind for your project? If so, please check one below:  

<input type="checkbox"/> None	<input type="checkbox"/> \$15,000 to \$20,000	<input type="checkbox"/> \$75,000 to \$100,000
<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> \$20,000 to \$30,000	<input type="checkbox"/> \$100,000 +
<input type="checkbox"/> \$5,000 to \$10,000	<input type="checkbox"/> \$30,000 to \$50,000	Write in Budget _____
<input type="checkbox"/> \$10,000 to \$15,000	<input type="checkbox"/> \$50,000 to \$75,000	
- Would you like the project completed during one season or in phases? ☐ one season ☐ phases
- Are you working with a building contractor on a new home? ☐ Yes ☐ No Who? \_\_\_\_\_
  - If so, have they provided you with a landscaping budget? ☐ Yes ☐ No Amount? \$ \_\_\_\_\_

### COORDINATION

*What you are looking for from Jacob Hamilton Gardens.*

<input type="checkbox"/> Need help with design and installation.
<input type="checkbox"/> Need help with installation only.
Have you previously worked with a landscaping contractor at this property?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____
_____



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## WHAT WOULD YOU LIKE US TO DO FOR YOU?

- Please Check ✓ all the elements you would like us to include in the Design
- Please Double Check ✓✓ all the elements you would like us to Install

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Patio                       | <input type="checkbox"/> <input type="checkbox"/> Trees/Shrubs         |   |
| <input type="checkbox"/> <input type="checkbox"/> Foundation/Privacy Planting | <input type="checkbox"/> <input type="checkbox"/> Container Gardening  | <input type="checkbox"/> <input type="checkbox"/> Retaining Wall    |
| <input type="checkbox"/> <input type="checkbox"/> Seating Wall                | <input type="checkbox"/> <input type="checkbox"/> Walkway/Path         | <input type="checkbox"/> <input type="checkbox"/> Cut Flower Garden |
| <input type="checkbox"/> <input type="checkbox"/> Fountain                    | <input type="checkbox"/> <input type="checkbox"/> Low Voltage Lighting | <input type="checkbox"/> <input type="checkbox"/> Pond & Waterfall  |
| <input type="checkbox"/> <input type="checkbox"/> Perennial Garden            | <input type="checkbox"/> <input type="checkbox"/> Annual Garden        | <input type="checkbox"/> <input type="checkbox"/> Herb Garden       |

## CONSIDER THESE

*Check all that you agree with*

- ☐ The contractor will be able to drive on our yard/lawn with a bobcat or truck
- ☐ The contractor can drive on our driveway with trucks and equipment.
- ☐ Levelling/ Grading to be completed by JHG .
- ☐ We, as the property owners, have existing drainage issues or concerns.
- ☐ We, as the property owners, would like a formal design style.
- ☐ We, as the property owners, would like an informal/natural design style.
- ☐ We, as the property owners, have a project that is adjacent to our neighbor's property.  
(*ex. Around Utility Boxes, Shared Property Line*)
- ☐ We, as the property owners, have an irrigation system.  
Is there someone you prefer to do irrigation repairs if necessary? ☐ Yes ☐ No Who? \_\_\_\_\_

### Residential Projects Only:

- ☐ We like to socialize outdoors.
- ☐ We have allergies to certain plants. If so, which plants? \_\_\_\_\_
- ☐ We have children that will use the yard.
- ☐ We have pets that will use the yard.

## VISIT OUR WEBSITE

[www.jacobhamiltongardens.com](http://www.jacobhamiltongardens.com)

## TREES

Are there any trees you would like *to include in your design*? \_\_\_\_\_

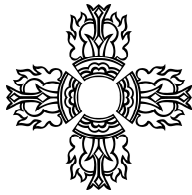
Are there any trees you do not want *in your design*? \_\_\_\_\_

Would you like any fruit trees? ☐ Yes ☐ No What kind? \_\_\_\_\_

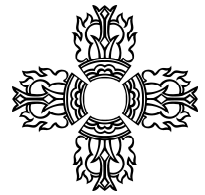
## SHRUBS

Are there any shrubs you *would like to have in your design*? \_\_\_\_\_

Are there any shrubs you *do not want in your design*? \_\_\_\_\_



# JACOB HAMILTON GARDENS INC.



## PERENNIALS

*(flowers that come back every year)*

Are there any varieties you *do not* want in your design? \_\_\_\_\_

Are there any varieties you *would like* to have in your design? \_\_\_\_\_

Any colors you *do not* want in your design? \_\_\_\_\_

Any colors you *would like* in your design? \_\_\_\_\_

## ANNUALS

*(flowers that need to be replaced every year)*

Would you like an area for planting annual flowers worked into the landscape design? ☐ Yes ☐ No

Would you like us to come back and plant the annuals for you each year? ☐ Yes ☐ No

## LAWN

Would you like ☐ Large Grassy Areas? Or ☐ Minimal Mowing?

Would you prefer your lawn to be ☐ Seeded? Or ☐ Sodded?

## PREFERENCES

For the planting areas would you like? ☐ Wood Mulch ☐ Ground cover ☐ Gravel/ Stone

What kind of driveway edging are you looking for? ☐ Stone ☐ Steel

What kind garden edging are you looking for? ☐ Stone ☐ Steel ☐ Natural Edging

If you would like a patio, would you like? Bluestone: ☐ Rectangular ☐ Irregular ☐ Polished Concrete

Other Types of Stone Available

## ADDITIONAL COMMENTS OR CONCERNS

*Are there any concerns or needs that we did not address? Please indicate them here so Jacob Hamilton Gardens Inc can create the best design solution to fit your needs.*

## WE LOOK FORWARD TO WORKING WITH YOU!

*When we schedule an appointment with you please have the following information with you.  
The more information you provide up front the better we can serve you!*

Things to Bring to the Appointment:

\*House Plans

\*Plot Plan

\*Pictures/Magazine images of features / ideas

\*Photo(s) of the Landscape

**THANK YOU!**

The information provided will help us get one step closer to designing the landscape of your dreams.

PO BOX 2277, Amagansett NY 11937 | Phone: 631-267-6880 | [www.jacobhamiltongardens.com](http://www.jacobhamiltongardens.com)