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Permaculture Design Questionnaire

Primary Contact Person(s):			
Street Address:			
Mailing Address:			
City / State / Zip Code:			
Phone Number:		Email:	

This questionnaire is divided into several sections:

*Preliminary Goals
 Your Property
 About You
 Your Home
 Garden Design Considerations
 Design Relationships
 Goals & Motivations
 Breakdown To be assessed
 during site visit Next Steps*

*This questionnaire will help you to clarify what you want to achieve and will help me develop a realistic plan for you. **Please complete to the best of your ability. When finished, please return to:** TJ Warner, growingpermaculture@gmail.com . If you have any questions, please contact via email.*

Preliminary Goal(s):

Can you describe in a couple of sentences what your goals are for the property. Try to include not only "functional" goals but also what specific "benefits" you expect to gain from those functions/features (i.e. more food, more enjoyment, less work, peace and security, joy, etc.)

Permaculture Design Questionnaire

Your Property	
1.	Size of property / lot:
2.	Do you have a copy of the tax map, plot plan or survey map of the property? If so, please attach.
3.	Are you aware of any historic uses of this land such as farming, logging, etc.?
4.	What kind of property surrounds your property? (residential, business, etc.)
5.	Please describe the number and type of buildings on this land (including any outbuildings).
6.	Does your property have any desirable views?
7.	Does your property have any undesirable views?
8.	Are there any special privacy or "screening" needs?
9.	Do you know what type of soil you have? (Clay, Sandy, Loamy, Rocky)
10.	Have you had your soil tested?
11.	Have you observed any drainage problems (wet ground, standing water, water in your basement etc.) on your property?
12.	Have you noticed any areas of soil loss or erosion?
13.	Any areas that are too hot/dry in the summer?

Use additional sheets or back of sheets if needed

Permaculture Design Questionnaire

14.	Describe elevation changes on your property. Where is the low spot, the high spot and are there any sloped areas?	
15.	Describe any unique features of the landscape.	
16.	Do you know where your septic system & leech field are located? Or where your sewer lines cross your property?	
17.	Any specific site “challenges” or problems that you really want to solve or minimize? (Noise, privacy, drainage, maintenance, poor soil, erosion, etc.)	

About You

18.	Who lives in the home?		
	First Name	Age	Special Hobbies/Interests
19.	Do you need (now or in the future) to make your property accessible/usable by persons with disabilities or limited mobility?		
20.	Does anyone living here have allergies (to plants, bee stings, etc.) that you’re aware of?		
21.	How much time do you currently spend maintaining your yard or landscape?		
22.	In the future, how much time would you like to spend maintaining your yard or landscape?		

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Use additional sheets or back of sheets if needed

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23.	Do you employ a landscape or yard maintenance company or do you do this work yourself?	
24.	What are some of your favorite outdoor activities that you currently enjoy on your property?	
25.	What are some of the activities that you wish you could enjoy on your property in the future?	
26.	What types of company do you entertain? Adults/Children/Mixed? Friends/Family/Co-workers? Neighbors?	
27.	Please describe any pets that you allow outside.	
28.	How long have you lived in this home?	
29.	How long do you anticipate living here beyond today? Is the decision to stay or leave contingent upon any property or landscape-related issues?	
30.	If this is a part-time residence, what times of the year will you be here regularly?	
31.	To what degree are you interested in growing some of your own food?	<input type="checkbox"/> Very interested - fruits/vegetables/herbs <input type="checkbox"/> Somewhat interested <input type="checkbox"/> At a "hobby garden" level only <input type="checkbox"/> Not at all interested
32.	Do you conduct business from home? From a home office? Retail? Other?	
33.	During which seasons of the year do you spend time in your yard?	

Use additional sheets or back of sheets if needed

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34.	Does your lifestyle incorporate any particular spiritual or religious practice that you would like to mention?	
35.	Do you see yourself implementing your permaculture plan fairly quickly, or gradually over time?	

About Your Home		
36.	How old is your home?	
37.	How is it primarily heated?	
38.	Do you have a backup heat source in the event of an outage or fuel delivery problem?	
39.	How is your hot water heated?	
40.	Do you know how much electricity you use, on average, per day (see your electric bill for average kilowatt-hours/day).	
41.	How old are your windows?	
42.	Do you feel that your home is well-insulated?	
43.	Where does your drinking water come from?	<input type="checkbox"/> Our own well <input type="checkbox"/> Municipal water supply <input type="checkbox"/> On-site water collection / cistern <input type="checkbox"/> Don't know / not sure
44.	Does your neighborhood/town have any special covenants or regulations governing how you can use your property/home for gardening, etc.?	
45.	Are you interested in renewable energy for you home? (solar hot water, solar electric, wind, etc.)	

Use additional sheets or back of sheets if needed

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46.	Are you interested in an energy audit to determine how best to reduce energy consumption and become more efficient?	
47.	Are you interested in learning about state/federal incentives for energy efficiency work or for renewable energy?	
48.	Any known structural problems with your house?	

Garden Design Considerations

49.	Do you have favorite styles or types of gardens?	<input type="checkbox"/> Edible Perennials (fruits, nuts, berries, etc.) <input type="checkbox"/> Vegetable gardens <input type="checkbox"/> Medicinal plants <input type="checkbox"/> Flower gardens <input type="checkbox"/> Culinary herbs <input type="checkbox"/> Cottage gardens <input type="checkbox"/> Formal gardens <input type="checkbox"/> Pollinator gardens <input type="checkbox"/> Moon/Night gardens <input type="checkbox"/> Other
50.	What "moods" or tones do you want your landscape to convey?	<input type="checkbox"/> Bright <input type="checkbox"/> Cheerful <input type="checkbox"/> Relaxing <input type="checkbox"/> Welcoming <input type="checkbox"/> Playful <input type="checkbox"/> Social <input type="checkbox"/> Meditative <input type="checkbox"/> Private <input type="checkbox"/> Ordered <input type="checkbox"/> Other
51.	If you said 'yes' to edible plantings, what varieties are you most interested in? (apple, peach, berries, nuts, etc.)	
52.	Do you have any particular types of plants that you really love?	
53.	How much "lawn" do you want in your landscape and what activities will the lawn be used for?	
54.	Do you have color schemes that you envision in your landscape?	



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<p>55. Which shapes/themes do you prefer in garden designs?</p>	<input type="checkbox"/> Curves <input type="checkbox"/> Rustic <input type="checkbox"/> Tiered <input type="checkbox"/> Oval <input type="checkbox"/> Circles <input type="checkbox"/> Rectangles/Squares <input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Other
<p>56. What type of hardscape materials appeal to you?</p>	<input type="checkbox"/> Flagstone <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Slate <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Wrought Iron <input type="checkbox"/> Other
<p>57. Landscape structures / special features. Which of these would you like to incorporate into the design?</p>	<input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Arbor <input type="checkbox"/> Pergola <input type="checkbox"/> Trellises <input type="checkbox"/> Gazebo <input type="checkbox"/> Water feature/pond <input type="checkbox"/> Rain water collection <input type="checkbox"/> Garden paths <input type="checkbox"/> Gates/fences <input type="checkbox"/> Fire pit <input type="checkbox"/> Sculpture/Sundial <input type="checkbox"/> Sauna <input type="checkbox"/> Hot tub <input type="checkbox"/> Cold frames <input type="checkbox"/> Greenhouse <input type="checkbox"/> "Kitchen Garden" <input type="checkbox"/> Herb Spiral <input type="checkbox"/> Rock wall(s) <input type="checkbox"/> Bench(es) <input type="checkbox"/> Meditation/Quiet Space <input type="checkbox"/> Outdoor lighting <input type="checkbox"/> Play set <input type="checkbox"/> Play house <input type="checkbox"/> Tree house <input type="checkbox"/> Outdoor cooking area <input type="checkbox"/> Other

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Design Relationships (You, Your Home, Your Landscape Working Together)	
58. Which "utility" features do you need to have incorporated in your design to support your lifestyle/landscape?	<input type="checkbox"/> Compost bins <input type="checkbox"/> Firewood Storage <input type="checkbox"/> Animal shelter/forage (type: _____) <input type="checkbox"/> Clothesline <input type="checkbox"/> Boat/Camper storage <input type="checkbox"/> Bicycle Storage <input type="checkbox"/> Trash / Recycling Storage <input type="checkbox"/> Tool Shed <input type="checkbox"/> Other
59. Is there a smooth flow for foot traffic from inside the home to outside the home?	
60. Are parts of the home "too exposed" to cold winds or hot sun?	
61. Are you planning renovations to the home either now or in the future?	
62. Is there anyplace in the landscape that you (or anyone living here) would consider "special" or even "sacred"?	

Breakdown Goals & Motivations for Doing This Work					
	Very Important	Somewhat Important	Interested, but not a priority	No interest	Don't know
To create an overall permaculture design for our property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To live more sustainably.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To create a landscape that requires fewer inputs of time, money and effort in terms of ongoing maintenance .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To have an edible landscape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To create an aesthetically/visually pleasing environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To more easily entertain in my home/yard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To have a more energy-efficient or "greener" home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To increase the value of my property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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To reduce the operating costs (i.e. energy, water, etc.) of my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any final Comments?

To be assessed at our site visit:

- a. Solar orientation/obstructions
- b. Altitude / Latitude
- c. Prevailing Winds
- d. Features/vegetation to retain
- e. Special species
- f. Vehicle/Materials Access
- g. Climate
- h. Min/Max Temperature
- i. USDA Zone
- j. Rainfall
- k. Surface Water
- l. Days Sun/Clouds
- m. Microclimates
- n. Topography

Next Steps:

Attach the following if applicable

Tax map, plot plan and/or survey map

Clippings from magazines of garden/home elements you like
Copies of any soil test results

Send all materials back to address on first page.

We will confirm the site visit schedule with you. From there we will create your overall permaculture plan and report!

Use additional sheets or back of sheets if needed