

# ASSESSMENT OF LANDSCAPE ZONES & PLANT SELECTIONS

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Area of Landscape	Function of Area	Soil Type	Hydro Zone	Solar Zone	Topography / Wind	Valve & Method of Water Delivery	Irrigation Schedule		Other Info.
							Month: _____		Climate Zone
							Min/Wk: _____		
							Days/Wk.: _____		
<b>PLANT SELECTIONS</b>									
Botanical Name Genus & Species	Common Name	Color & Season	Height & Width	Water Needs	Solar Needs	Location &/or Function	Qty.	Size	Plant Type & Growth Rate
Notes:									