



SEED & SUPPLIES FOR NORTHERN CALIFORNIA

PLANNING YOUR PROJECT

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_
(Name and Company) (Phone) (Fax) (email)

PROJECT NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Anticipated planting times: Start: Month \_\_\_\_\_ Year 20 \_\_\_\_\_
End: Month \_\_\_\_\_ Year 20 \_\_\_\_\_

Estimated acres to be seeded: [ ] Slopes Approx Acres Gradient Ave Ht / Max Ht
[ ] 2 : 1 [ ] 3 : 1 [ ] 4 : 1
[ ] Flat \_\_\_\_\_

OBJECTIVE: [ ] Winterization (1-Year) [ ] Restoration
[ ] Temp. Erosion Control (1-3 years) [ ] Ornamental Landscaping
[ ] Permanent Erosion Control [ ] Alternative Lawn
[ ] Revegetation [ ] Other, please explain:

Elevation(ft): \_\_\_\_\_ Precipitation(in): \_\_\_\_\_ Vegetation Type: \_\_\_\_\_
Soil Type(s): \_\_\_\_\_ Agronomic Soil Reports?(Please send)

Will the project be irrigated? [ ] Yes [ ] Temporary [ ] Permanent [ ] No
Type of irrigation system: \_\_\_\_\_

Proposed Sowing Method: A)Turf Type [ ], B)Groundcover Type [ ], C)Two Step Straw Type [ ],
D)Three Step Straw Type [ ], E) Drill Seed, No Mulch [ ], F) Broadcast, No Mulch [ ],
G) Other Method: \_\_\_\_\_

Other erosion control products: Wattles, BFM, EC. Blankets, Compost etc. \_\_\_\_\_

PLANT MATERIAL PREFERENCES/REQUIREMENTS: (check all that apply)
[ ] Strictly California Native [ ] Grasses [ ] Shrubs [ ] Legumes [ ] Wildflowers
[ ] Non-Native [ ] Grasses [ ] Shrubs [ ] Legumes [ ] Wildflowers
[ ] Ornamental Groundcover [ ] Other (explain) \_\_\_\_\_



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**PLANT CHARACTERISTICS:**

Foliage: Height \_\_\_\_\_ Colors \_\_\_\_\_ Leaf Texture \_\_\_\_\_ Biomass: Low  Med  High   
Flower Color: Desired \_\_\_\_\_ Avoid \_\_\_\_\_  
Other \_\_\_\_\_

Other plant material existing or to be planted on site:

\_\_\_\_\_

Other special conditions or visual preferences:

\_\_\_\_\_

\_\_\_\_\_