

Name _____ Date _____



SITE MAP SURVEY

Be sure to check off each question after you have transferred all the information to your graph paper.

<input type="checkbox"/> Which way is north? (Stand at the lower right-hand corner of the site and draw an arrow pointing to north.)		
<input type="checkbox"/> Are there any buildings on the property?	Yes	No
<input type="checkbox"/> Are trees and shrubs located on the property?	Yes	No

What kinds of trees?



What kinds of shrubs?

<input type="checkbox"/> Are there any sunny areas?			Yes	No
<input type="checkbox"/> Are there any shady areas?			Yes	No
<input type="checkbox"/> From which direction do the winds blow?	North	South	East	West
<input type="checkbox"/> From where do the gentle summer breezes come?	North	South	East	West
<input type="checkbox"/> Are there low spots on the property?			Yes	No
<input type="checkbox"/> Does water stay in this spot for a long time, or does it seep into the soil quickly?		Runs off	Seeps	Stays

<input type="checkbox"/> Is there a slope or is it flat?	Slope	Flat
<input type="checkbox"/> Do any overhead telephone lines or other utility lines cross the space?	Yes	No
<input type="checkbox"/> Are there good views to keep? (such as mountain scenery, beautiful blooming plants, play area, etc.)	Yes	No
<input type="checkbox"/> Do any views need to be hidden? (such as utility areas, trash can bins, busy/noisy street, etc.)	Yes	No