

Mat-Su Rain Gardens



Applicant Name: _____ Date: _____

Location of Rain Garden: _____

General Questions (Please circle "Yes" or "No"). To be completed by APPLICANT.

Do you own your own property? Yes No **If not, the property owner's consent is required.

Do you have gutters? Yes No
If no, do you plan to put them in? When? _____

Do you have drainage problems? Yes No

Do you notice puddles on your property? Yes No

Do you plan to use a landscaper to build your rain garden? Yes No
If yes, what is the name of the landscaper or company? _____

How did you hear about the rain garden program? _____

Rain Garden Design Questions. To be answered with RAIN GARDEN SPECIALIST during the initial site visit.

Estimated area contributing to garden: _____ sq. ft.

Estimated size of final rain garden: _____ sq. ft. (_____ ft. x _____ ft.)

How will runoff be directed to your garden? Any specification needed? (gravel swale, berms, gutters)

Proposed Plants: _____

Estimate of time needed to construct garden: _____

Estimate of rain garden cost: _____

When do you plan to build the garden (date range): _____

Other Initial Site Notes: _____

***Keep all receipts for rain garden supplies and services for reimbursement.*

***Take pictures of the construction process of your rain garden.*

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Sketch of proposed rain garden and contributing area:

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a proposed rain garden and its contributing area.