



# Heritage Garden Certification Checklist

Use this checklist to assess and document relevant features of your garden. Your County Heritage Garden Representative will use this information in conjunction with a visit to your property to evaluate your garden for certification. Certified gardens will receive a yard sign.

## PROPERTY OWNER INFORMATION

The property owner should complete this portion of the form. Be sure to provide us with at least one contact method (phone or email address).

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Property Being Assessed: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

## PRACTICES

Review the following **Required Practices** and **Recommended Practices**. Check all **Required Practices** that you believe you have met. If you have questions, visit the Heritage Garden Program website at <https://www.hgcd.info/> for more information or consult your County Heritage Garden Representative. To assist in the evaluation, provide supporting information in the **Additional Notes** section or as an attachment to assist in the evaluation. Please reference the number of the Required Practice. Your County Heritage Garden Representative will complete the remainder of this form.

## REQUIRED PRACTICES

These practices are required to obtain a Heritage Garden Certification. Check "Yes" if your garden meets the practice. If the practice does not apply mark not applicable "NA" and provide a brief explanation at the end of the Required Practices as to why this practice does not apply (please reference the practice number).

Yes	NA	Required Practices - To the best of my knowledge, my proposed Heritage Garden:
<input type="checkbox"/>	<input type="checkbox"/>	1. Does not contain any prohibited plants. Consult Washington State's Noxious Weed List at <a href="https://www.nwcb.wa.gov/">https://www.nwcb.wa.gov/</a> .
<input type="checkbox"/>	<input type="checkbox"/>	2. Contains at least 5 different species of plants.
<input type="checkbox"/>	<input type="checkbox"/>	3. Places plants in locations that match their requirements for water, light, soil conditions, etc.

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has a plant population that is at least 75% native to Washington State as defined in the Heritage Garden Plant List or otherwise acknowledged by your County Heritage Garden Representative.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has a plant population whose annual watering requirements meet these criteria:<br>a. At least 30% of the plants will not require supplemental water.<br>b. No more than 10% of the plants require more than 30" supplemental water. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has an irrigation system designed to apply the appropriate amount of water to each planting zone (drip systems are highly recommended).   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Includes a plan for initial watering of plants (just until established) where an irrigation system will not be used (i.e., plants that normally do not require supplemental water).   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Includes at least two plant species having wildlife value (per HG Plant List or as otherwise acknowledged by your Conservation District).   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Includes at least one plant species of cultural significance (per HG Plant List or as otherwise acknowledged by your Conservation District).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Includes at least one geologic feature recognized by the Heritage Garden Program.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Is being managed as necessary and practical to control weeds such that desired plants predominate, and the eventual eradication of weeds is foreseeable.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. If under construction, areas to be completed are being designed and implemented consistent with the above practices, and completed areas meet the above criteria.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Complies with all applicable county and city codes, laws, ordinances, and HOA rules.   |

**Additional Notes** - Provide a brief explanation of practices marked NA.

<i>Practice Number</i>	

I give permission to the HG Program to share photos of my Certified Garden on Facebook, the Heritage Garden Website and in print publications.

Property Owner:

\_\_\_\_\_  
*(Property Owner's Signature)*

\_\_\_\_\_  
*(Date)*

**STOP**

Did you remember to include an explanation of items marked "NA" including the practice's number?  
Your County Heritage Garden Representative will complete the remainder of this form.

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## RECOMMENDED PRACTICES

The following practices are recommended in addition to those above. Heritage Gardens of distinction will showcase five or more of the recommended practices below.

Yes	Recommended Practices
<input type="checkbox"/>	14. Contains at least one water source for wildlife.
<input type="checkbox"/>	15. Includes three or more plant species of value to wildlife.*
<input type="checkbox"/>	16. Includes two or more plant species of cultural significance.*
<input type="checkbox"/>	17. Includes two or more HG-recognized geologic features.
<input type="checkbox"/>	18. Incorporates informational signs or placards (strongly recommended for sites open to the public).
<input type="checkbox"/>	19. Contains ten or more different species of plants.
<input type="checkbox"/>	20. Is essentially weed-free.

\* As defined in the HG Plant list or as otherwise acknowledged by the County Heritage Garden Representative.

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## EVALUATION & CONCLUSION

Yes	No	Conclusions
<input type="checkbox"/>	<input type="checkbox"/>	21. Property is Certified as a Heritage Garden.
<input type="checkbox"/>	<input type="checkbox"/>	22. Property exceeds minimum requirements.

### IMPORTANT

Certification is contingent upon maintaining minimum requirements. Your county conservation district will re-evaluate this property as deemed necessary and make recommendations for dealing with issues you may be having.

Evaluated by Conservation District Representative:

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*(Conservation District Representative's Signature)*

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*(Date)*

