

Appeal Period Expires 11/4/25
 Zoning District R2

Town of Essex, Vermont
Application for Zoning Permit
 (Building Permit)

Application Date 9/22/2025
 Permit Number 2025-169

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
- Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance.
- Call the Zoning Administrator at 878-1343 to schedule a Certificate of Occupancy inspection if indicated below as required.
- Call the Assessor at 878-1345 to schedule a re-assessment upon completion of work.
- Provide a diagram showing proposal and any easements, well or septic locations, etc.

SIGN HERE: Alyssa Stephani

A Parcel Account Numb. (Map-Parcel-Lot) 2 066-001-102
 Property Address : 50 Logwood Circle, Essex Junction, VT, 05452
 Owner: Andrea Sharp + Stephen Sharp
 Owner Address: 50 Logwood Circle, Essex Junction, VT, 05452
 Owner Phone: (work) _____ (home) _____
 (cell) 802-879-0580 (Email) andrea.sharp@gmail.com
 Tenants name: Pella Phone: _____
Contractor Cell: _____
 Estimated Construction Dates: Start: 10/22/25 Completion: 10/22/25
 Sq. Feet: _____ Estimated Cost (labor & materials): \$ 32049.4

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

N = New A = Addition R = Remodel

Residential: windows/awning

Single Family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inclusions or Additions:

Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-residential:

Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Stormwater:

Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

Change in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B Sewage Disposal (Please attach Sewer or Septic Application).
 Public Septic Connection Fee \$ _____ Date Paid: ___/___/___
 Proposed New Bedrooms: 0 Existing Bedrooms 3

C Water (Please attach Water Service Application).
 Public Well Fee \$ _____ Date Paid: ___/___/___

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval ___/___/___

E Stormwater

Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.

Project creates new or expands existing impervious surface greater than or equal to 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.

F Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

G

Signature of Tenant and
 Signature of Owner _____ see attached CoW pg 3

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>8153</u>	<u>10/20/25</u>
Recreation		\$ _____	___/___/___
Recording		\$ <u>15-</u>	<u>10/20/25</u>
Certificate of Occ		\$ _____	___/___/___
Other		\$ _____	___/___/___

Approved Rejected Date 10/20/25
 Issued to: A T S Sharp
 Zoning Administrator: Shantelle
 Notes: _____

 C.O. Required Yes No

THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE
RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED



Pella Products Inc.
155 Main Street
Greenfield, MA 01301

To Whom it may Concern:

I, Andrea Sharp, as property owner, give permission to our contractor, Pella Products Inc. to obtain a building permit for the installation of windows and/or doors in my home.

Located at; 50 Logwood Circle
Essex Jct, VT 05452

Please accept this letter in place of my signature on the permit application.

Thank you,

Signed by:
Signature: Andrea Sharp
04FC431B2416461...

Date: 8/27/2025

Hello,

Included is a check for a window replacement project at 50 Logwood Circle on the behalf of Andrea Sharp.

The project consists of replacing 8 windows. (4) 2-wide Casements, 3 fixed, and 1 awning. Interior wood/Exterior Hartford green aluminum cladding. Egress is met where necessary and there are no changes to RO sizes or headers.

The estimated cost is \$32049.40.

Please reach out with any questions. The homeowner can be contacted to pick up the permit.

Best,

Alyssa Stephani- Pella Products

802-864-5435

sburlingtonsa@pellasales.com