

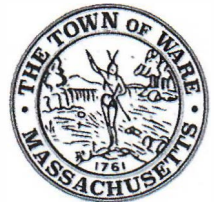
Planning Board
Zoning Board of Appeals

Robert A. Watchilla
Director of Planning &
Community Development

Town of Ware

Planning & Community Development

Application for Special Permit



126 Main Street
Ware, MA 01082
413.967.9648 ext. 120
www.townofware.com

SP-20 22 - 02

Applicant
Name of Applicant (primary contact): Shawn Cantwell
Address: 61 Hardwick Pond Rd. Ware, MA 01082
Phone: 413-668-8149 Cell: 413-668-8149
Email Address: ShawnCantwell34@gmail.com

Owner
Name of Owner (primary contact): Shawn Cantwell
Address: 61 Hardwick Pond Rd. Ware, MA 01082
Phone: 413-668-8149 Cell: 413-668-8149
Email Address: ShawnCantwell34@gmail.com

Request
Choose applicable Zoning Bylaw Section: 4.4
Will the project require a: Site Plan Review: ☐ Yes* ☒ No Variance: ☐ Yes* ☒ No *Explain in narrative

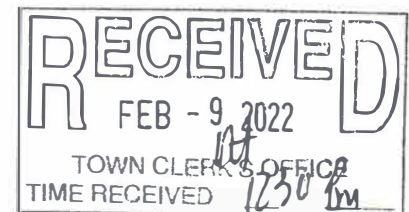
Property
Location of Property: 61 Hardwick Pond Rd.
Assessor's Tax Map/Parcel Number: 43-0-16
Deed Reference - Hampshire District Registry of Deeds Book/Page Number: 14098/284 (3 pages)
Plan Reference - Hampshire District Registry of Deeds Book/Plan Number: Doc #11563 Receipt #379146
Zoning District: RR Acreage: 2.18
Check all that apply: ☐ Wetlands ☐ Floodplain ☐ Aquifer

Proposal
Brief description of the proposal: I own and operate a small painting business and would like to manage that business from a home office, Shawn's Painting Co.

Sign
Applicant's signature: Shawn Cantwell
Owner's signature: Shawn Cantwell
Date: 2-8-2022

Official Use Only: Preliminary Review By: RAW Date 2/9/22
Fee: \$ 250 Date Paid: 2/9/22 Check #: _____
Date of Public Hearing: 3/3/2022
Decision of Board: Approved with conditions
Date of Decision: 3/3/2022 Expiration Date: _____

Town Clerk's stamp:



Town of Ware

Planning & Community Development

My name is Shawn Cantwell. I am originally from Ware, born and raised. I am the owner/operator of Shawn's Painting Co. which I established in 2015 in the town of Ludlow. I have recently moved back to Ware purchasing a new home and would very much like to continue doing business at my new residence over on 61 Hardwick Pond Rd.

I am engaged and set to marry on May 21st 2022. I have 3 children, all boys, Ethan (8), Caleb (4) and Owen (4 months).

I have always enjoyed painting and became good at it quickly. After high school I started working for an out of state painting contractor over the summers. I ended up moving out there to Gansevoort NY to pursue my new career choice. After 6 years of being there I was practically running his company and decided it was time for me to come home and start my own business.

My services include full interior and exterior painting for residential and commercial properties. We specialize in residential re paints. We offer power washing, wallpaper removal, staining and kitchen cabinet painting. We are fully licensed and insured. I only run office work out of my home and store ladders and tools at the house. I do not have clients coming and going from my property. I travel to and from my clients. My employees do the same and we do not operate any production on the property.

Thank you kindly,

Shawn Cantwell

Shawn's Painting Co.

413 668 8149

www.shawnspaintingco.com

The Commonwealth of Massachusetts

Office of Consumer Affairs and Business Regulation
1000 Washington Street - Suite 710
Boston, Massachusetts 02118
Home Improvement Contractor Registration

SHAWN'S PAINTING CO.
18 W AKARD ST
LUDLOW, MA 01056

Type: Corporation
Registration: 202096
Expiration: 05/20/2023

Update Address and Return Card.

SCA 1 20M-05/17

The Commonwealth of Massachusetts
Office of Consumer Affairs & Business Regulation
HOME IMPROVEMENT CONTRACTOR

TYPE: Corporation

<u>Registration</u>	<u>Expiration</u>
202096	05/20/2023

SHAWN'S PAINTING CO.

SHAWN P. CANTWELL
18 W AKARD ST
LUDLOW, MA 01056

Edward G. Pallone
Undersecretary

Registration valid for individual use only
before the expiration date. If found return to:
Office of Consumer Affairs and Business Regulation
1000 Washington Street - Suite 710
Boston, MA 02118

Not valid without signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/04/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bates Fullam Insurance Agency, Inc 975 Elm Street West Springfield MA 01089	CONTACT NAME: Gloria Linzi PHONE (A/C, No, Ext): (413) 737-3539 FAX (A/C, No): (413) 731-8255 E-MAIL ADDRESS: glinzi@batesfullam.com																					
INSURED SHAWN'S PAINTING 61 HARDWICK POND RD WARE MA 01082-9320	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Main Street America Assurance Co.</td><td>29939</td></tr><tr><td>INSURER B:</td><td>Hartford Casualty Insurance Co</td><td>29424</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Main Street America Assurance Co.	29939	INSURER B:	Hartford Casualty Insurance Co	29424	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 21-22 gl & WC**REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			MPP6680A	04/20/2021	04/20/2022	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			08WECAL9HX2	07/31/2021	07/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Exterior Painter:

CERTIFICATE HOLDER**CANCELLATION**

Rockridge Retirement Community 37 Coles Meadow Rd Northampton MA 01060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Certificate of Successful Completion

LeadSMART
TRAINING SOLUTIONS

21 Main Street
South Berwick, ME 03908
508.731.6054
www.leadSMARTtraining.com

The individual below successfully completed the MA 454 CMR 22 eight-hour training course.

LEAD-SAFE RENOVATOR SUPERVISOR

Initial Course (English)

Shawn Cantwell

COURSE NUMBER

21 Jabish Street

CITY

Belchertown

STATE

MA

01007

May 8, 2019

COURSE DATE

May 8, 2019

EXAMINATION PASS DATE

R-1-050819-002

CERTIFICATE NUMBER

May 8, 2024

CERTIFICATE EXPIRATION DATE



Peter Lawton Director of Training



May 8, 2019

Date

LeadSMART Training Solutions, Inc. MA License #DT000052



The Commonwealth of Massachusetts

Town of Ludlow

February 19, 2021

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of
 SHAWN'S PAINTING

is conducted at
 Number 18 WEST AKARD ST, LUDLOW, MA 01056
 Ludlow
 CITY OR TOWN
 by the following named persons.

FULL NAME

RESIDENCE

SHAWN CANTWELL

18 WEST AKARD ST, LUDLOW, MA

413-668-8149

Signed

Shawn Cantwell
 (SIGNATURE)

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

The Commonwealth of Massachusetts

Hampden

ss.

February 19, 2021

Personally appeared before me the above-named

SHAWN CANTWELL

and made oath that the foregoing statement is true.

(Seal)

Kim M. Batista
 (SIGNATURE)

CC: Assessors
 Planning
 Building

Town Clerk

THE COMMONWEALTH OF MASSACHUSETTS

Statement of ~~Discontinuance~~, Change of Residence, Change of Location of Business,
Withdrawal, or Deceased from Business or Partnership.

JANUARY 20, 2022

In conformity with the provisions of chapter one hundred and ten, section five, of the General Laws, as amended, the undersigned hereby declare(s) _____ has (have) this day discontinued (retired from) (withdrawn from) the business of SHAWN'S PAINTING

297 WEST ST 18 WEST AKARD ST Street
in the city or town of LUDLOW

as set forth in certificate filed in the office of the Clerk of said city or town on FEBRUARY 19, 2021

Name Address
SHAWN CANTWELL 18 WEST AKARD ST., LUDLOW, MA 01056

Owners Signature Shawn Cantwell SIGNATURE

I hereby state that the location of the business as it appears on the Business certificate of my residence

filed on _____ 20
has been changed to _____

SIGNATURE

By Administrator for Estate of
Executor under the will of

Hampden ss. JANUARY 20, 20 22

Personally, appeared before me the above-named SHAWN CANTWELL

And made oath that the foregoing statements are true

(SEAL)

Kim M. Zetser

Town Clerk
TITLE