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Appendix A

City of Hutchins Façade Improvement Grant Program Application

I. Applicant Information

A. Applicant Name: OH S KWON
B. Business Name: Core One Design Group
C. Street Address: 801 W. Palestine St. #104
D. Mailing Address: 1301 N. Denton Dr. #200, Carrollton TX 75006
E. Work Phone:
F. Cell Phone: 469-831-8282
G. Email: samkwon53@gmail.com

II. Property Owner Information (if different from Applicant)

A. Owner Name: Byunggun Ahn
B. Business Name: SUPRAHK LLC
C. Street Address:
D. Mailing Address: 801 W. Palestine St #104
E. Work Phone:
F. Cell Phone: 469-831-8282
G. Email:

III. Property and Project Description

A. Address/Location of property to be considered for the City of Hutchins Façade Improvement Matching Grant Program:

B. Is the building currently occupied by a business?

Yes ☒ No ☒

If yes, please list the business name(s) and Certificate of Occupancy numbers below.

C. Is this a residential building that is being converted for commercial use?

Yes ☐ No ☐

Please note: if a residential property is being converted to commercial use, a site plan is required. If a site plan has been submitted, please list the permit number below.

D. Have building plans been submitted to the city for the project?

Yes ☒ No ☐

Please note: building plans are required for some improvements but may not be necessary for all projects. If building plans have been submitted, please list the permit number below.

Permit # 250422

E. Has the applicant and/or property owner been a recipient of this Façade Improvement Matching Grant before?

Yes ☐ No ☒

If yes, please list the property address(es) and year(s) the grant was awarded below.

F. Are there any current code enforcement actions, tax liens, or judgment liens against the property?

Yes ☐ No ☒

G. Grant Request

1. Total Project Cost (for Façade Improvements Only): \$ 270,000.00
Attached Invoice Contract

(Please describe the improvements that will be made to the existing property and how the award of this grant impacts the project. 1,000 words max. You may submit on a separate sheet of paper.)

I. What is the anticipated start and end date for the project? (Month/Year)

Start Date: 9/01/25

End Date: 12/25/25

Application Checklist

I, the applicant, verify that I have completed the following items to be considered for the City of Hutchins Façade Improvement Grant. I understand that the grant will not be processed if all items below are not met.

- ☒ Complete Façade Improvement Grant application.
- ☐ Written cost proposal with itemized improvements.
- ☐ Exterior photos of the building before any improvements have been made.
- ☐ Drawings or renderings of proposed improvements (proposed color palette requested, if drawings or renderings are not colored).
- ☐ Artist Portfolio and Art Renderings, if applicable.
- ☐ The proposed improvements have not been completed prior to receipt and verification of a complete application by city staff.

DISCLAIMER

I acknowledge that I understand the terms of the City of Hutchins Façade Improvement Grant Program, and it is my intent to meet the specified terms of this application if approved. I understand further that this project is approved for matching grant reimbursement only in strict accordance with the approved plans that are attached to this application and hereby made part of this agreement. I further understand that change orders on the work in progress require approval by the City of Hutchins City Council and that failure to comply with this agreement may jeopardize receipt of grant funds.

Applicant Signature: 

Date: 8/24/2025

Property Owner Signature:

Date:

(if different from applicant)

Information Below to be Filled Out by City Staff Only

Date Received:

Staff Initials:

Application

Complete ☐

Incomplete ☐

Missing Items: