Compliance Inspection Report

Note: Reports of Final and Repair Compliance Inspections left at site always require reviewer's signature to be Official. Consult mortgagee for official reports.

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB No. 2502-0189
(exp. 07/31/2017)

File No. 2304J65F

Builder's Name and Address		FHA Case Number
Keystone Construction, LLC 520 S 850 E Lehi, UT 84043	a. [X] Report not left at site. b. [ ] Report not official without reviewer's signature.	523-1221792 Date of Inspection (mm/dd/yyyy) 05/16/2023
Mortgagee's Name and Address	**Property Address**	
Wells Fargo Bank, N.A. 1525 W W.T. Harris Blvd Charlotte NC 28262	921 S 950 W American Fork, UT 84003	

I. Inspection of On-Site Improvements Reveals

1. Construction [ ] was, [ ] was not begun prior to the date of mortgage insurance approval shown on the commitment, statement of appraised value or "Early Start" letter. (Applies to the initial report on new construction)
2. [ ] Builder other than named in application
3. [ ] Unable to make inspection. (Explain below)
4. [ ] Accepted construction exhibits not available at site
5. [ ] Individual Sewage disposal system; [ ] Individual Water supply system
   - [ ] No noncompliance. [ ] Correction essential as explained below.
   - [ ] Submit Health Department letter
6. [ ] Correction req'd. by rprt. dated _____ not acceptably completed
7. [ ] Repairs required by form HUD-92800.5B not acceptably completed
8. [ ] Correction essential as explained below
   - [ ] a. Will examine at next inspection
   - [ ] b. Do not conceal until reinspected
9. [ ] No noncompliance observed
10. [ ] Acceptable variations as described below (Request for Change, form HUD-92577, may be submitted).
11. [ ] Extensive noncompliance as explained below (see IV.A below)
12. [ ] On-site improvements acceptably completed subject to receipt of certification that mortgagee's inspection reveals satisfactory completion of all items listed below.
13. [ ] On-site improvements acceptably completed except items listed below, completion of which is delayed by conditions beyond control of the builder (see IV.B below).
14. [X] On-site improvements acceptably completed
15. [ ] Off-site improvements
    - [ ] a. Correction/Completion essential as explained below
    - [ ] b. Completion assured by escrow agreement or governing authority
    - [ ] c. Acceptably completed

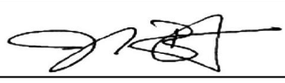
II. Explanation of statements checked in Parts I and III

Inspection Number

[ ] Initial Inspection [ ] Framing Inspection [X] Final Inspection [ ] Other (explain) [ ] Repair Inspection

No.		No.	
14	On 05/16/2023 I reinspected the subject property and found the improvements have been satisfactorily 100% complete. The subject now meets HUD/FHA minimum property requirements outlined in Handbook 4000.1.		All utilities were on and operable and all applicable appliances/mechanical were in good working condition. I have performed a prior appraisal service on the subject property. Appraisal Fee: $150.00

Certification: I certify that I have carefully inspected this property on this date. I have no personal interest, present or prospective, in the property, applicant, or proceeds of the mortgage. To the best of my knowledge I have reported all noncompliance, work requiring correction, and unacceptable work.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature	Date (mm/dd/yyyy)				ID Number
	05/17/2023	[ ] Fee Inspector	[X] Appraiser		9325064-CG00
		[ ] DE Staff Inspector	[ ] HUD Inspector		

III. Specific Conditions Required by the HUD-92800.5B, Not Requiring Field Inspection

16. [ ] Submit items or resubmit incomplete items as noted above.
17. [ ] Acceptable Compliance with all specific conditions not requiring field inspection.
18. [ ] Submit Termite Soil Treatment Guarantee.

[ ] **None**

Approved:	Signature	Date (mm/dd/yyyy)	ID Number
[ ] as modified by me		[ ] Direct Endorsement Underwriter [ ] Chief Architect [ ] Deputy	

IV. To Mortgagee: When signed below, refer to the statement on the back corresponding to the designation checked.

[ ] **A. Noncompliance**
- [ ] (a) Variations from exhibits.
- [ ] (b) Unacceptable construction.
- [ ] (c) Premature construction.

[ ] **B. Compliance --** Incomplete Items. "Mortgagee's Assurance of Completion", HUD-92300, may be submitted.
$ _____ for completion not later than:(mm/dd/yyyy) _____

[ ] **C. Final Acceptance.** Closing Papers may be submitted provided mortgage credit analysis is acceptable

Signature	Date (mm/dd/yyyy)		ID Number
		[ ] Direct Endorsement Underwriter [ ] Director of Housing Development [ ] Deputy	

For HUD Use Only for concurrence of Direct Endorsement Processing of this Compliance Inspection Report. If signed, this final report is considered processed by HUD and, thereby, convertible to the Veterans Administration.	Signature of HUD Authorized Agent	Date (mm/dd/yyyy)

Previous editions are obsolete. form **HUD-92051** (7/87)
Retain this record for 30 years or the life of the file. Submit an Original and four copies. ref. Handbooks 4000, 4115.3, 4145, 4165, 4190, & 4240.4

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

See the statement below that corresponds to the designation checked on the front of the form under section "IV. To Mortgagee".

A. Noncompliance. Construction is not acceptable or all specific conditions have not been fulfilled in accordance with the terms of the related commitment because of:

(a) Variations from Exhibits. Inspection reveals extensive non compliance, involving variations from accepted construction exhibits. The property will be considered ineligible for mortgage insurance (1) unless the work has been corrected so as to effect compliance, or (2) unless reprocessing is requested on the basis of the mortgage security as it is now being constructed, and this is found to be acceptable. Requests for reprocessing must be accompanied by a letter, in duplicate, fully describing the work as now being constructed, signed by the mortgagor and approved by the mortgagee. Where the plan arrangement, or either the exterior or interior appearance is affected, the mortgagor's letter must be accompanied by drawings, in duplicate, fully indicating the variations and signed by both the mortgagor and the mortgagee.

(b) Unacceptable Construction. Construction reveals extensive noncompliance with applicable FHA requirements or good construction practice. The property will be considered ineligible for mortgage insurance until construction has been corrected so as to effect compliance.

(c) Premature Construction. Inspection reveals that construction was begun prior to the date of approval for mortgage insurance (in noncompliance with the commitment or statement of appraised value).

B. Compliance. (with incomplete items)

Construction of on-site improvements has been acceptably completed except for any items listed on the front of this form. Completion of those items is delayed by conditions beyond the parties' control. The property will considered acceptable for mortgage insurance and closing papers may be submitted provided:

(a) All required off-site improvements have been acceptably completed and so reported, or their completion has been assured by an acceptable "Mortagee's Assurance of Completion" form, and;

(b) All specific conditions not requiring field inspection as indicated on the front of this form have been acceptably fulfilled or evidence of compliance is submitted with the closing papers, and;

(c) The closing papers are accompanied by form HUD-92300, "Mortgagee's Assurance of Completion," properly executed and providing for withholding the sum indicated, or by indicating the sum is available on a commercial letter of credit, and for completion of construction not later than the date stated on the front of this form.

C. Final Acceptance

Construction has been completed and all specific conditions have been acceptably fulfilled. Closing papers may be submitted provided the mortgagee's credit analysis of the borrower is acceptably completed. Evidence of compliance with specific conditions not requiring field inspection as indicated on the front of this form may be submitted with the closing papers.

PHOTOGRAPH ADDENDUM

Borrower or Owner Brooklyn Burbidge & Chandler Smith
Property Address 921 S 950 W
City American Fork County UTAH State UT Zip Code 84003
Client Wells Fargo Bank, N.A.



FRONT VIEW OF SUBJECT PROPERTY



REAR VIEW OF SUBJECT PROPERTY



STREET SCENE OF SUBJECT PROPERTY

PHOTOGRAPH ADDENDUM

Borrower or Owner Brooklyn Burbidge & Chandler Smith
Property Address 921 S 950 W
City American Fork County UTAH State UT Zip Code 84003
Client Wells Fargo Bank, N.A.


Front View


Rear View


Left Side

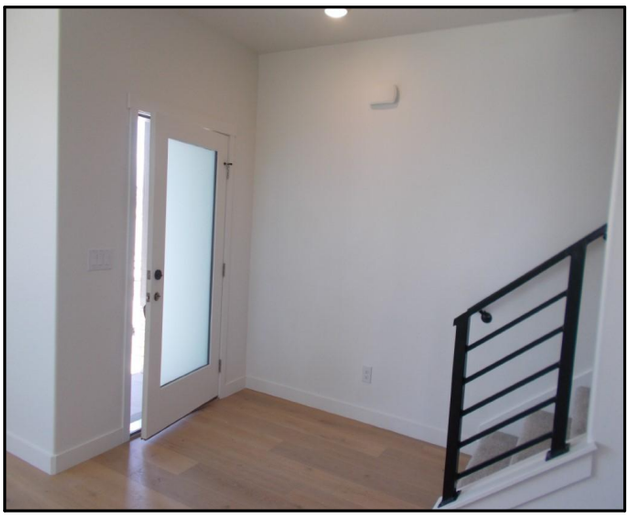

Right Side

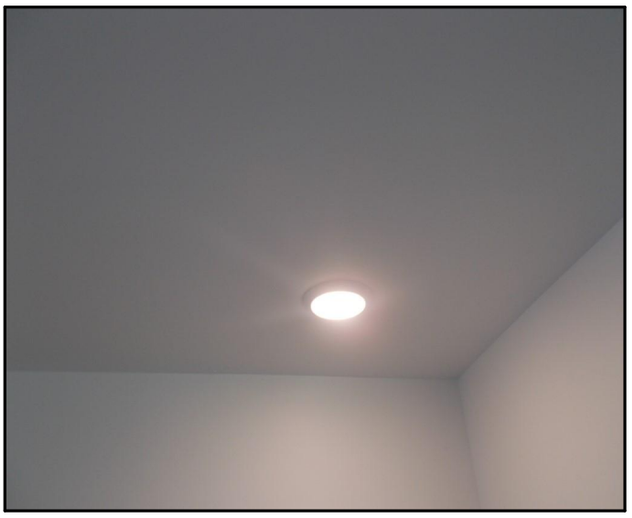

Street Scene


Street Scene

PHOTOGRAPH ADDENDUM

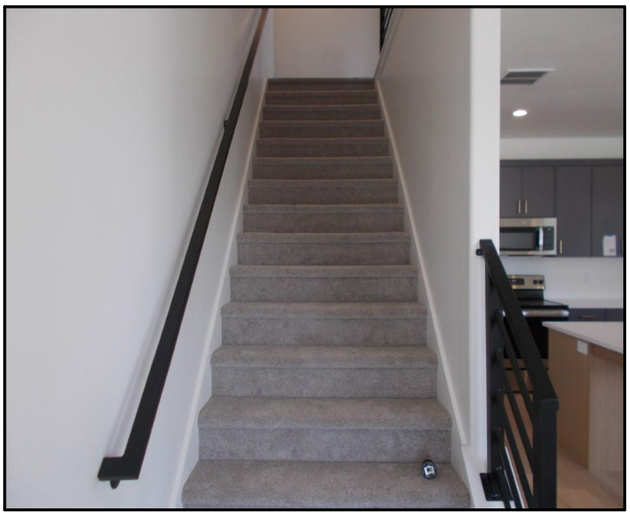
Borrower or Owner Brooklyn Burbidge & Chandler Smith
Property Address 921 S 950 W
City American Fork County UTAH State UT Zip Code 84003
Client Wells Fargo Bank, N.A.


Entry


Power on


Water on


Smoke & CO


Stairs

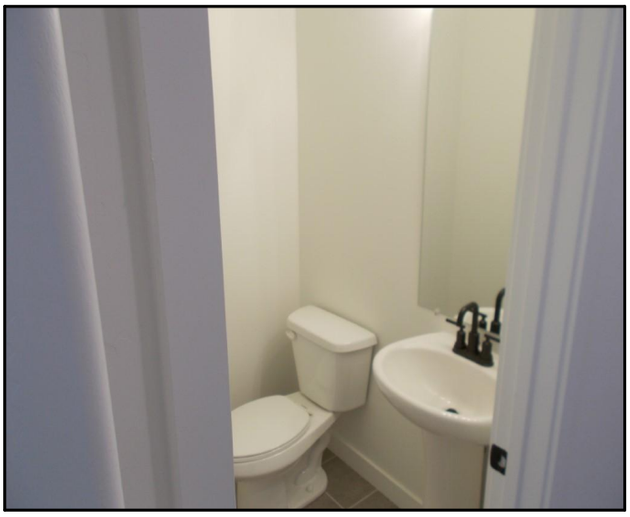

Pantry

PHOTOGRAPH ADDENDUM

Borrower or Owner Brooklyn Burbidge & Chandler Smith
Property Address 921 S 950 W
City American Fork County UTAH State UT Zip Code 84003
Client Wells Fargo Bank, N.A.


Living Room


Kitchen


Half Bath


Garage


mech


2nd flr Bath

PHOTOGRAPH ADDENDUM

Borrower or Owner Brooklyn Burbidge & Chandler Smith
Property Address 921 S 950 W
City American Fork County UTAH State UT Zip Code 84003
Client Wells Fargo Bank, N.A.

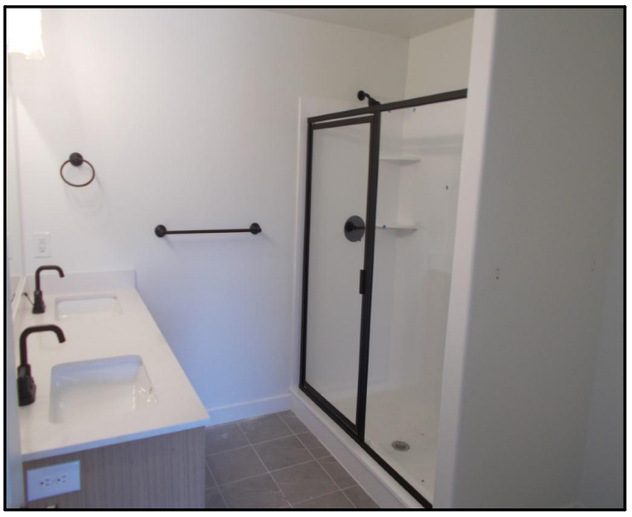

2nd flr Bedroom


2nd flr Bedroom


2nd flr Laundry


2nd flr Loft


2nd flr Master Bath


2nd flr Master Bath

523-1221792

File No. 2304J65F

PHOTOGRAPH ADDENDUM

Borrower or Owner Brooklyn Burbidge & Chandler Smith

Property Address 921 S 950 W

City American Fork County UTAH State UT Zip Code 84003

Client Wells Fargo Bank, N.A.



2nd flr Master Bedroom



2nd flr Master WIC

Appraiser License

Borrower or Owner	Brooklyn Burbidge & Chandler Smith						
Property Address	921 S 950 W						
City	American Fork	County	UTAH	State	UT	Zip Code	84003
Client	Wells Fargo Bank, N.A.						

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF REAL ESTATE

ACTIVE LICENSE

DATE ISSUED: 12/29/2022

EXPIRATION DATE: 02/28/2025

LICENSE NUMBER: 9325064-CG00

LICENSE TYPE: Certified General Appraiser

ISSUED TO: JACOB CARR BREWSTER
230 N OREM BLVD
OREM UT 84057

THE GREAT SEAL OF THE STATE OF UTAH
INDUSTRY
1847
1896

SIGNATURE OF HOLDER

REAL ESTATE DIVISION DIRECTOR

Form #2

E&O Insurance Declaration Page

Borrower or Owner	Brooklyn Burbidge & Chandler Smith						
Property Address	921 S 950 W						
City	American Fork	County	UTAH	State	UT	Zip Code	84003
Client	Wells Fargo Bank, N.A.						

Accelerant National Insurance Company
(A Stock Company)
400 Northridge Road, Suite 800
Sandy Springs, GA 30350

REAL ESTATE PROFESSIONAL ERRORS AND OMISSIONS INSURANCE POLICY DECLARATIONS

NOTICE: THIS IS A "CLAIMS MADE AND REPORTED" POLICY. THIS POLICY REQUIRES THAT A CLAIM BE MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD.

PLEASE READ YOUR POLICY CAREFULLY.

Policy Number: NRE40PL100128-00 **Renewal of:** New

1. **Named Insured:** Keystone Appraisal Group, Corp.
2. **Address:** 230 N. Orem Blvd
   Orem, UT 84057
3. **Policy Period:** **From: April 19, 2023** **To: April 19, 2024**
   12:01 A.M. Standard Time at the address of the **Named Insured** as stated in item **2.** Above.
4. **Limit of Liability:**
   A. Each **Claim** Limit of Liability **$ 1,000,000**
   B. Policy Aggregate Limit of Liability **$ 1,000,000**
5. **Deductible:** **$ 5,000** Each **Claim**
6. **Policy Premium:** **$ 2127**
7. **Retroactive Date: April 19, 2018**
8. **Notice to Company:** Notice of a **Claim** or Potential **Claim** should be sent to:
   Accelerant National Insurance Company
   400 Northridge Rd. Suite 800
   Sandy Springs, GA 30350
9. **Program Administrator:** OREP Insurance Services, LLC – info@orep.org
10. **Forms and Endorsements Attached at Policy Inception:** See Schedule of Forms

If required by state law, this policy will be countersigned by an authorized representative of the Company.

Date: March 13, 2023 By: Isaac Peck
Authorized Representative

N DEC 40001 04 22 Page 1 of 1