

TEXAS DEPARTMENT OF INSURANCE

Windstorm Inspections / MC 103-1E 333 Guadalupe Street P.O. Box 149104 Austin, Texas 78714-9104 (512) 322-2203 or toll free 1-(800)248-6032 Fax (512) 322-2273 TDI website: www.tdi.state.tx.us

APPLICATION FOR CERTIFICATE OF COMPLIANCE

Form WPI-1

Physical Address of Structure to Be Inspected (<u>Comp.</u>	icie 7-1-1 Su eet Address including nouse/bu	Tract or Addition	
		LotTract	
		Block	
City Zip Code	County		
o Inside City Limits o Outside City Limits			
Structure is located in: o Inland II o Inland I	o Seaward		
Is the structure located in a Coastal Barrier Resource	ce Zone (COBRA): o Yes o No		
Owner:			
Name:			
Mailing Address:	City:	Zip Code:	
Builder/Contractor (at time of construction):			
Name:	Telephone No.:	Fax No.:	
Mailing Address:	City:	Zip Code:	
Engineer:			
Name:	Telephone No.:	Fax No.:	
Mailing Address:	City:	Zip Code:	
E-Mail Address:	Texas Registration No.:		
Commencement of Construction (date):	Date of Application: _		
1. Type of Building: 2.	. Type of Inspection:		
o Commercial			
o Residential Dwelling			
o Duplex	Re-decking		
o Garage Attached by Breezeway	Partial Re-roof (Type and A	Partial Re-roof (Type and Area):	
o Detached Garage	Re-decking		
o Condominium (# of Units:*)	Alteration (Type):		
o Townhouse (# of Units:*)	Repair (Type):	Repair (Type):	
o Apartments (# of Units:*)	Mechanical Only (Type):_	Mechanical Only (Type):	
* Per Building		Foundation Only (Type):	
o Farm & Ranch	Addition (Type):	Addition (Type):	
o Metal Building	Retrofit of All Exterior Op	Retrofit of All Exterior Openings:	
o Other (Specify):	(For windborne debris pro	tection only (impact resistant	
	exterior opening products or shutters). All exterior openings		
	shall include windows, doc	ors, garage doors, and skylights.	
Comments:			
Submitter Information:			
SUBMITTER NAME (please print):		DATE:	
TELEPHONE NUMBER:			
PLEASE CHECK ONE: o Owner o Builder/Contra	actor o Insurance Agent o Engineer	o Other (Specify)	

FOR TEXAS DEPARTMENT OF INSURANCE INSPECTIONS: MAIL <u>OR</u> FAX TO YOUR LOCAL FIELD OFFICE FOR INSPECTIONS BY ENGINEERS: MAIL <u>OR</u> FAX TO AUSTIN OFFICE: 512/322-2273

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.