TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Windstorm Inspections Program (104-WS)
333 Guadalupe, Austin, Texas 78701 ✯ PO Box 149104, Austin, Texas 78714-9104
(800) 248-6032 | F: (512) 490-1051 | TDI.texas.gov | @TexasTDI

Print

APPLICATION FOR CERTIFICATE OF COMPLIANCE

Form WPI-1

Physical Address of Structure to Be Inspected (*Complete 9-1-1 Street address including house/building number*):

_____ Tract or Addition _____

_____ Lot_____ Tract _____

_____ Block _____

City_____ Zip Code _____ County _____

☐ Inside City Limits ☐ Outside City Limits

Structure is located in: ☐ Inland II ☐ Inland I ☐ Seaward

Is the structure located in a Coastal Barrier Resource Zone (CBRA): ☐ Yes ☐ No

Owner:

Name: _____ Telephone No.: _____ Fax No.: _____

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:

- ☐ Commercial
- ☐ Residential Dwelling
- ☐ Duplex
- ☐ Garage Attached by Breezeway
- ☐ Detached Garage
- ☐ Condominium (# of Units:_____*)
- ☐ Townhouse (# of Units:_____*)
- ☐ Apartments (# of Units:_____*)

*** Per Building**

- ☐ Farm & Ranch
- ☐ Metal Building
- ☐ Other (Specify):_____

2. Type of Inspection:

- ☐ Entire Building (Type): _____
- ☐ Entire Re-Roof (Type): _____
  - ☐ Re-decking _____
- ☐ Partial Re-roof (Type and Area): _____
  - ☐ Re-decking _____
- ☐ Alteration (Type): _____
- ☐ Repair (Type): _____
- ☐ Mechanical Only (Type): _____
- ☐ Foundation Only (Type):_____
- ☐ Addition (Type): _____
- ☐ Retrofit of All Exterior Openings: _____

(*For windborne debris protection only (impact resistant exterior opening products or shutters). All exterior openings shall include windows, doors, garage doors, and skylights.*

Comments:

_____

_____

Submitter Information:

SUBMITTER NAME (*please print*):_____ DATE:_____

TELEPHONE NUMBER: _____

PLEASE CHECK ONE: ☐ Owner ☐ Builder/Contractor ☐ Insurance Agent ☐ Engineer ☐ Other (Specify) _____

FOR TEXAS DEPARTMENT OF INSURANCE INSPECTIONS: MAIL OR FAX TO YOUR LOCAL FIELD OFFICE
FOR INSPECTIONS BY ENGINEERS: MAIL OR FAX TO AUSTIN OFFICE: (512) 490-1051

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 General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.