

* Per building

Application for Certificate of ComplianceForm WPI-1

Address of structure to be inspected (Complete 9-1-1 street address, including house/building number): _____ Tract or addition: _____ Lot:_____ Tract: _____ _____ Block: _____ City: County: County: ☐ Inside city limits ☐ Outside city limits **Structure is located in:** □ Inland I* ☐ Seaward* ☐ Inland II* * Use only if commencement of construction was prior to September 1, 2020 Is the structure in a Coastal Barrier Resource Zone? ☐ Yes □ No Owner: Name: _____ Phone no.: Fax no.: Mailing address: _____ City: _____ ZIP: **Builder/contractor (at time of construction):** Phone no.: Fax no.: Mailing address: _____ City: ____ ZIP: **Engineer:** Phone no.: Fax no.: Name: Mailing address: _____ ZIP: _____ Texas registration no.: _____ Email address: Date of application: Commencement of construction (date): 1. Type of building: 2. Type of inspection: ☐ Entire building (type): _____ □ Commercial ☐ House ☐ Entire re-roof (type): □ Re-decking ____ □ Detached garage ☐ Partial re-roof (type and area): _____ ☐ House w/ garage attached by breezeway □ Re-decking _____ ☐ Townhouse w/ garage attached by breezeway □ Duplex (unit no./letter: _____) ☐ Alteration (type): _____ ☐ Condominium (no. of units: *) ☐ Repair (type): _____ ☐ Townhouse (no. of units: *) ☐ Mechanical only (type):_____ ☐ Apartments (no. of units: *) ☐ Foundation only (type): ☐ Bldg. no./name_____ ☐ Addition (type): ☐ Metal building ☐ Retrofit of all exterior openings: _____ ☐ Commercial ☐ Residential For windborne debris protection only (impact-resistant exterior opening ☐ Other (specify): ______ products or shutters). Exterior openings include windows, doors, garage

doors, and skylights.

Comments:	
Who is submitting this form?	
Name (please print):	Date:
Phone no.:	
Check one: ☐ Owner ☐ Builder/contractor ☐ Insurance age	nt 🗆 Engineer 🗆 Other (specify)

How to submit this form

For Texas Department of Insurance inspections, mail or email the completed form to your local Texas Department of Insurance windstorm field office. <u>Field office information can be found online</u>.

For inspections by engineers, enter information into the <u>Windstorm System online</u>, or mail or email the completed form to:

Texas Department of Insurance

Windstorm Inspections Program, PC-INSP P.O. Box 12030 Austin, TX 78711-2030

Email: windstorm@tdi.texas.gov

Questions?

Call the Windstorm Inspections Program at 1-800-248-6032.

Your rights: You can request information TDI has about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to request TDI to correct information that is not accurate. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be corrected, and (3) the reason or proof showing why the information is incorrect. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.