



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 (Complete 9-1-1 Street Address including house/building Number):

City _____ Zip Code _____ County _____
Tract or Addition _____
Lot _____ Tract _____
Block _____

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 (COBRA): 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: 512/322-2273**