



Application for Certificate of Compliance Form 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: _____ ZIP: _____ County: _____

Inside city limits Outside city limits
Structure is located in: Inland I Inland II Seaward

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):

Name: _____ Phone no.: _____ Fax no.: _____
 Mailing address: _____ City: _____ ZIP: _____

Engineer:

Name: _____ Phone no.: _____ Fax no.: _____
 Mailing address: _____ City: _____ ZIP: _____
 Email address: _____ Texas registration no.: _____
 Commencement of construction (date): _____ Date of application: _____

1. Type of building:

- Commercial
- House
- Detached garage
- House w/ garage attached by breezeway
- Townhouse w/ garage attached by breezeway
- Duplex (unit no./letter: _____)
- Condominium (no. of units: _____*)
- Townhouse (no. of units: _____*)
- Apartments (no. of units: _____*)
 - Bldg. no./name _____
- Metal building
 - Commercial Residential
- Other (specify): _____

* Per building

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). Exterior openings include windows, doors, garage doors, and skylights.

Comments:

Submitter Information:

Name (please print): _____

Date: _____

Phone no.: _____

Check one: Owner Builder/contractor Insurance agent 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. Field office information can be found at https://www.tdi.texas.gov/wind/field_offices.html.

For inspections by engineers, enter information into the Windstorm System at <https://appscenter.tdi.texas.gov/windstorm/p/home>, or mail or email the completed form to:

Windstorm Inspections Program, MC 104-WS

Texas Department of Insurance

PO Box 149104

Austin, Texas 78714-9104

windstorm@tdi.texas.gov

Questions?

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

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 149104 (mail code 112-1C) Austin, Texas 78714-9104. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 149104 (mail code 113-1C), Austin, Texas 78714-9104.