



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

Certificate of Compliance WPI-8

Date of Construction: 07-02-2015
Application ID: 2061472 **Certificate Number:** 2061472
Zone Type: Residential **Building Type:** House

Certificate Type:

Certificate Detail:

Certificate Date:

Appointed Qualified Inspector/TDI Inspector:
Roof Entire Re-Roof January 26, 2017 Appointed Qualified Inspector

Location of Property to be Insured:

Street:

Lot:
Block: Tract or Addition:
724 NOREDA STREET

City:

County:
State:
ANGLETON BRAZORIA TEXAS
Inside City Limits Inland I - Inland I - International Residential Code, 2006 Edition (Amended with 2006 Texas Revisions)

This Certificate of Compliance, Form WPI-8, is issued by the Texas Department of Insurance under Insurance Code § 2210.251 and § 2210.2515 and demonstrates that the ongoing improvement identified in the certificate complies with the applicable windstorm building code under 28 Texas Administrative Code §§ 5.4007 – 5.4011.



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Property and Casualty Section – Windstorm Inspections Program
Mail Code 103-1E, 333 Guadalupe Street • P.O. Box 149104, Austin, Texas 78714-91
512-322-2203 or toll free 1-800-248-6032 • 512-322-2273 fax • www.tdi.texas.gov

COPY

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):

724 NOREDA STREET Tract or Addition _____
Lot _____ Tract _____
Block _____
City ANGLETON Zip Code 77515 County BRAZORIA

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: THOMAS TULLOS
Name: THOMAS TULLOS Telephone No. 979-848-7561 Fax No.: _____
Mailing Address: _____ City: _____ Zip Code: _____

Builder/Contractor (at time of construction):
Name: APEX ROOFING Telephone No. 281-910-6294 Fax No.: _____
Mailing Address: 12319 HAMMOND LANE City: SANTA FE Zip Code: 77510

Engineer:
Name: WESLEY A. BUCHHORN Telephone No.: 409-741-8741 Fax No.: 409-741-8751
Mailing Address: P O BOX 390 City: GALVESTON Zip Code: 77553
E-Mail Address: teresaweishuhn13@gmail.com Texas Registration No.: 108508

Commencement of Construction (date): 7-2-15 Date of Application: 12-6-16

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): COMPOSITION SHINGLE
 - 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: HAIL STORM A15

Submitter Information:

SUBMITTER NAME (please print): WESLEY A. BUCHHORN DATE: 12-13-16

TELEPHONE NUMBER: 409-741-8741

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

