1/27/2017 Public



State: ANGLETON

Inside City Limits

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

			WPI-8	•			
Date of Construction: 07-02-2015							
Application	1 D : 2061472	Certificate Nun	nber : 2061472				
Zone Type:	Residential	Building Type:	House				
Certificate Type:							
Certificate Detail:							
Certificate Da	te:						
Appointed Qualified Inspector/TDI Inspector:							
Roof E	ntire 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:							

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.

Inland I - Inland I - International Residential Code, 2006 Edition (Amended with 2006 Texas Revisions)

BRAZORIA

TEXAS



TEXAS DEPARTMENT OF INSURANCE



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

Application for Certificate of Complian

Physical Address of Structure to Be Inspected (Complete 9-1-1 Street address including house/b	ouilding number):			
	_Tract or Addition			
	LotTract			
	BRAZORIA			
Inside 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: THOMAS TULLOS Telephone No.979-848.	-754/Fax No			
Mailing Address:City:	Zip Code:			
Builder/Contractor (at time of construction):				
Name: APEX ROOFING Telephone No. 281-910- Mailing Address: 12319 HAMMOND City: SANTA FE	6294 Fax No.			
Mailing Address: 12319 HAMMOND City: SANTA FE	7in Code: 7 75/n			
Engineer: LAME	2 ip code			
Name: WESLEY A. BUCHHORN Telephone No.: 409-741-8	741 Fax No : 409-741-8751			
Mailing Address: P O BOX 390 City: GALVESTON	Zin Code: 77553			
E-Mail Address: teresaweishuhn13@gmail.com Texas Registration No.:	108508			
Commencement of Construction (date): 7-2-15 Date of Applica	ation: 12-6-16			
1. Type of Building: Commercial	SITING, LE a): s: unly (impact resistant exterior exterior openings shall include			
Submitter Information:				
SUBMITTER NAME (please print): WESLEY A. BUCHHORN DATE: 13-1				
TELEPHONE NUMBER: 409-741-8741				
PLEASE CHECK ONE: Owner Builder/Contractor Insurance Agent Engineer	Other (Specify)			

FOR TEXAS DEPARTMENT OF INSURANCE INSPECTIONS: MAIL <u>OR</u> FAX TO YOUR LOCAL FIELD OFFICE FOR INSPECTIONS BY ENGINEERS: MAIL <u>OR</u> FAX TO AUSTIN OFFICE: 512/322-2273



Texas Department of Insurance

Property and Casualty Section – Windstorm Inspections Program

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Inspection Verification Form WPI-2-BC-5

For projects that commenced construction on or after January 1, 2008

Entire Building (Type): Entire Re-Roof (Type):	I, the undersigned, do hereby ACKNOWLEDGE that I am a profession qualified inspector appointed by the Commissioner of the Texas Departm §6A of the Texas Insurance Code and with 28 Texas Administrative Cod of-record for the windstorm inspection of this project and I have provid inspection or inspections by myself or an employee under my direct supe	te §5.4604. I do state that I am personally responsible as the engineer-
Re-decking: SHINGLE "Foundation Only (Type): Re-decking: SHINGLE "Foundation Only (Type): Addition (Type): Addition (Type): Addition (Type): Addition (Type): Addition (Type): Other (Description): Other (Entire Building (Type):	Repair (Type):
Re-decking: SHINGLE Foundation Only (Type):	Entire Re-Roof (Type): COMPOSITION	Mechanical Only (Type):
Partial Re-Roof (Type and Area):	Re-decking: SHINGLE	*Foundation Only (Type):
Re-decking:	Partial Re-Roof (Type and Area):	Addition (Type):
Alteration (Type): Other (Description): Comments: HAIL STORM A15 'The foundation has been designed in accordance with the wind load provisions indicated below and the entire structure was considered in the design of the foundation. "For windborne debris protection only (impact resistant exterior opening products or shutters). All exterior openings shall include windows, doors, garage doors, and skylights. The building is located at: (Complete 9-1-1 Street address including house/building number): Street Address/24 NOREDA STREET City: ANGLETON County: BRAZORIA This does not meet the applicable Building Code standards as evidenced by the signature, date, and seal below. I certify that the project was designed and inspected in compliance with the wind load provisions of: International Residential Code, 2006 Edition or International Building Code, 2006 Edition (Amended with 2006 Texas Revisions) The design conditions used were: Wind Speed (3-second gust): 110 mph (Required for Inland II)¹ 120 mph (Required for Inland II)¹ 130 mph (Required for Seaward)¹ Exposure Category: B C D Note: All exterior openings (extenor doors, windows, garage doors, and skylights) contain products that have been designed and inspected for compliance with uniform static wind pressure requirements (Applicable only to those projects which include the installation of exterior opening products). Protection of Exterior Openings: Provided for as specified in the Texas Revisions (required for projects located in the Inland II and Seaward areas). Not provided for as specified in the Texas Revisions (applicable to projects located in the Inland II area). Date(s) of Inspection(s): Understand and intend that the Texas Department of Insurance will rely upon this statement of compliance in determining whether to issue a Certificate of Compliance for the building/structure and to notify the Texas Windstorm Insurance Association that the building/structure is eligible for a windstorm and hall insurance policy.	Re-decking:	**Retrofit of ALL Exterior Openings:
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for a windstorm and hail insurance policy. Seal WESLEY A. BUCHHORN, P.E.	11/2/:	
	Certificate of Compliance for the building/structure and to notify the Texas	y upon this statement of compliance in determining whether to issue a s Windstorm Insurance Association that the building/structure is eligible
(Stamp or Init)		
	(Stamp or Ink)	int or Type Name
WESLEY ALLAN BU 7553 409-741-8741	MEGIFY ALLAN BU	7553 400 741 8744
Business Telephone	304008200403000000	, Business Telephone
108508 108508 12-14-16		12-14-16
Texas Registration Number	CENSV	
As per Article 21.47, Texas Insurance Code, a person or required to be made to or filed with the flexas Department of Insurance, when the Instrument in vision of the context, "Texas Department of Insurance" includes any association, corporation, or person created by the Insurance Code. An offense under this article is a felony of	required to be made to or filed with the Texas Department Texas Department of Insurance, when the Instrument in v.	tentionally makes, files, or uses any instrument in writing ither by the Insurance Code or by rule or regulation of the incurious, or traudulent statement or entry with regard to any material fact. In this

the third degree.