



# Texas Department of Insurance

## Property and Casualty Section – Windstorm Inspections Program

Mail Code 103-1E, 333 Guadalupe Street • P.O. Box 149104, Austin, Texas 78714-9104  
512-322-2203 or toll free 1-800-248-6032 • 512-322-2273 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### Inspection Verification Form WPI-2-BC-5

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

I, the undersigned, do hereby ACKNOWLEDGE that I am a professional engineer licensed to practice in the State of Texas and that I am a qualified inspector appointed by the Commissioner of the Texas Department of Insurance to perform inspections in accordance with Article 21.49 §6A of the Texas Insurance Code and with 28 Texas Administrative Code §5.4604. I do state that I am personally responsible as the engineer-of-record for the windstorm inspection of this project and I have provided standard and customary construction review services including an inspection or inspections by myself or an employee under my direct supervision for:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Entire Building (Type): <u>WOOD FRAME</u> | <input type="checkbox"/> Repair (Type): _____                       |
| <input type="checkbox"/> Entire Re-Roof (Type): _____                         | <input type="checkbox"/> Mechanical Only (Type): _____              |
| <input type="checkbox"/> Re-decking: _____                                    | <input type="checkbox"/> *Foundation Only (Type): _____             |
| <input type="checkbox"/> Partial Re-Roof (Type and Area): _____               | <input type="checkbox"/> Addition (Type): _____                     |
| <input type="checkbox"/> Re-decking: _____                                    | <input type="checkbox"/> **Retrofit of ALL Exterior Openings: _____ |
| <input type="checkbox"/> Alteration (Type): _____                             | <input type="checkbox"/> Other (Description): _____                 |

Comments: \_\_\_\_\_

*\*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: 1138 Bluewater Dr. City: Crystal Beach County: Galveston

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:

- |  |    |  |
|--|----|--|
| <input checked="" type="checkbox"/> <i>International Residential Code, 2006 Edition</i><br>(Amended with 2006 Texas Revisions) | or | <input type="checkbox"/> <i>International Building Code, 2006 Edition</i><br>(Amended with 2006 Texas Revisions) |
|--|----|--|

The design conditions used were:

**Wind Speed (3-second gust):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 110 mph (Required for Inland II) <sup>1</sup> | <input type="checkbox"/> 120 mph (Required for Inland I) <sup>1</sup> | <input checked="" type="checkbox"/> 130 mph (Required for Seaward) <sup>1</sup> |
|--|---|---|

Exposure Category:  B  C  D

Note: <sup>1</sup>All exterior openings (exterior 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:**

- |   |
|---|
| <input checked="" type="checkbox"/> Provided for as specified in the Texas Revisions (required for projects located in the Inland I and Seaward areas). |
| <input type="checkbox"/> Not provided for as specified in the Texas Revisions (applicable to projects located in the Inland II area).                   |

Date(s) of Inspection(s): 9-5-12

I 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 hail insurance policy.



EMMETT G. DAMMON  
Print or Type Name

Emmett G. Dammon  
Signature

554 OLD SPANISH TRAIL  
Address

GUIDELL, LA 70458 985-644-5832  
City, State, Zip Business Telephone

9-25-12  
Date

Texas Registration Number \_\_\_\_\_

As per Article 21.47, Texas Insurance Code, a person commits an offense if the person knowingly or intentionally makes, files, or uses any instrument in writing required to be made to or filed with the Texas Department of Insurance or the Insurance Commissioner, either by the Insurance Code or by rule or regulation of the Texas Department of Insurance, when the instrument in writing contains any false, fictitious, or fraudulent statement or entry with regard to any material fact. In this 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 the third degree.