STOCKING PERMIT APPLICATION
CITY OF ALEXANDRIA, VIRGINIA
DEPARTMENT OF CODE ADMINISTRATION
301 King Street, Suite 4200
Alexandria, Virginia 22314
Phone: 703.746.4200 Fax: 703.838.3880
Website: alexandriava.gov/Code E-mail: permitcenter@alexandriava.gov

To:  Director, Department of Code Administration

From:  ______________________________________________________
(please print name of applicant)

Re:  Request to Stock Merchandise and/or to Store Furniture prior to the Certificate of Use and Occupancy
being issued (CO Applied for? - □ No  □ Yes - OCC________________________).  

PERMIT NUMBER_______________________________________________

BUILDING/PROJECT NAME________________________________________

ADDRESS _______________________________________________________

SITE CONTACT PERSON & PHONE NUMBER ______________________________

I/We hereby request that permission be granted to stock merchandise and/or store furniture in the above listed
address/tenant space prior to the issuance of the Certificate of Use and Occupancy. All required fire suppression
systems and safety items are installed and have been inspected and approved by Code Administration inspectors.

It is understood that the City of Alexandria will not be held responsible for any damage to, or loss of, stored items
and that the storage of furniture, equipment and stock shall be at my/our own risk.

I/We further understand that this letter is to be posted in the building or tenant area where it will be visible to City
Inspectors and Fire Marshals. I further understand that this approval IS NOT a Certificate of Occupancy and
agree that the space will not be used for any type of occupancy at any time – day or night. Prohibited uses
include, but are not limited to:

• Operating any type of business;
• Conducting hiring interviews;
• Employee training;
• Conducting sales - including telephone sales/orders;
• Performing receptionist functions;
• Homeowner or tenant occupancy; and/or
• Sleeping purposes.

Submitted By: _____________________________________/____/_____/___________
Signature  Date  Phone Number

Request is: □ Approved -  Note: It is recommended that you check with your insurance company for coverage
on any stock or stored items resulting from this authorization.

□ Disapproved – Reason ________________________________________________

_____________________/____/_____/________________________
Name  Title  Date