

# Class D Subdivision Department of Public Works Clearance Form

RCVD ENGINEERING  
MAR 16 '26 PM 12:5

Pursuant to Hernando County Ordinance, Chapter 26, Section 26-3, Class D (1), Applicants must receive driveway location approval by the Department of Public Works prior to approval of the Class D subdivision. Department of Public Works is located at 1525 E. Jefferson St., Brooksville, FL 34601.

Please submit this form with one copy of the survey showing proposed driveway and access locations to the Department Of Public Works for review. The review results will be returned to the Subdivision Review Technician. A fee set by the Department of Public Works will be collected with the clearance form submittal.

Date: 3-16-26 Parcel Key: 01719386

Print Applicant Name: Melanie Langworthy, TTEE

Applicant Address: 14679 Buzzerk Rd. Brooksville, Fl.

Applicant Phone Number: 352-279-7793

Applicant Email address: melanie.langworthy@gmail.com

Review Results:

Department of Public Works inspector Name: Scott Redman

The proposed driveway location is **approved** by the Department of Public Works. At such time a driveway installation or Right-of-Way improvement is proposed, a Right-of-Way permit or Building Department driveway permit will be required prior to construction.

The proposed driveway location is **not approved**.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receipt # 4665 ~~4~~ # 4126 \$100.00 *MJG*

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2025120150

DATE ISSUED: JULY 15, 2025

## DECEDENT INFORMATION

DATE FILED: JULY 13, 2025

NAME: JULIA H YOUNG

AKA: JULIA H. BRASS WOODARD YOUNG

DATE OF DEATH: JULY 9, 2025

SEX: FEMALE

AGE: 089 YEARS

DATE OF BIRTH: NOVEMBER 3, 1935

SSN: \*\*\*-\*\*-5140

BIRTHPLACE: DAYTONA BEACH, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 14679 BUCZAK ROAD

LOCATION OF DEATH: BROOKSVILLE, HERNANDO COUNTY, 34614

RESIDENCE: 14679 BUCZAK ROAD, BROOKSVILLE, FLORIDA 34614, UNITED STATES

COUNTY: HERNANDO

OCCUPATION, INDUSTRY: CAKE BAKER, BAKING

EDUCATION: 9TH THRU 12TH GRADE; NO DIPLOMA

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

INSTR #2025056154 BK: 4596 PG: 1648 Page 1 of 1  
 FILED & RECORDED 8/12/2025 8:27 AM LS Deputy Clk  
 Doug Chorvat, Jr., HERNANDO County Clerk of the Circuit Court  
 Rec Fees: \$10.00

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: HENRY WELCH

MOTHER'S/PARENT'S NAME: EMMA MOCK

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: MELANIE LANGWORTHY

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 11319 WEATHERLY ROAD, BROOKSVILLE, FLORIDA 34601, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: NEIL SCHAUSS, F098130

FUNERAL FACILITY: MERRITT FUNERAL HOME - BROOKSVILLE F613750

2 SOUTH LEMON AVE, BROOKSVILLE, FLORIDA 34601

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: FLORIDA NATIONAL CEMETERY  
BUSHNELL, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1845

DATE CERTIFIED: JULY 13, 2025

CERTIFIER'S NAME: WILLIAM TALMADGE GUNTHER III

CERTIFIER'S LICENSE NUMBER: OS20512

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
 THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

REQ: 2028027166

## WARNING:



DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



